



# Chemist & Druggist

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JUNE 4 1977

THE NEWSWEEKLY FOR PHARMACY

1952

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The Queen's  
Silver Jubilee

SPECIAL ISSUE

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A Ministerial  
message to  
pharmacy

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25 years on  
the Register

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The industry's  
achievements

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Future of the  
profession

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# Chemist & Druggist

The newsweekly for pharmacy

4 June 1977 Vol 207 No 5069

118th year of publication

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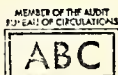
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# Comment

## Twenty-five years on

At the Pharmaceutical Society's Branch Representatives Meeting, reported in *Chemist & Druggist*, June 7, 1952, a motion from the Bournemouth, Portsmouth and Southampton Branches called upon Council to consider machinery for the control of registration of new pharmacies. The proposers asserted that there were too many shops maintained by too few qualified staff.

But the motion was lost. One opponent believed that the supporters were saying "I care not for thee John because I am safely in the dinghy". Others were fearful of local Pharmaceutical Committees or NHS Executive Councils having control over the siting of pharmacies. Today, a "planned service" is seen by many as a last straw to save pharmacy from the fate of being engulfed by a nationalised dispensary service, and this year's Branch Representatives declared themselves fully in favour of "planning".

The occasion of the Queen's Silver Jubilee gives us all an excuse to look back at the progress that has been achieved in the profession over the past twenty-five years, and perhaps to extrapolate the trends forward for a similar period. *C&D* has invited contributors to this special Silver Jubilee Issue to do both, but in re-examining the pages of our June 7 issue in 1952 we cannot help but note how the same problems have a habit of recurring.

The leading article shows that retail pharmacists had been left that week to implement the first NHS prescription charge—one shilling per form—armed with no more than a printed notice (in other areas, such as food rationing, Press space had been taken by the Government to tell the public of such changes). The then Contractors Committee had called in the lay Press, appealing for their co-operation, but "the news value of such an appeal is not great" and the resulting publicity was negligible. Pharmacy still finds it difficult to command the headlines—until, of course, the public notices that a service it took for granted is no longer available.

Hospital pharmacy has come a long way, however. A North-west Metropolitan Region survey disclosed vacancies for pharmacists at 19 per cent of the number employed. Low salaries and the authorities' low rating of the pharmacist's importance were blamed. Today the hospital worker is far from the Cinderella of the profession, having risen in stature, salary, and, physically, from his basement store room to a "consultancy" level.

Now it is general practice that finds itself in the Cinderella role, left to fend for itself by the Ugly Sisters of the NHS and commercial competition, both of which seem determined to undermine its fight for financial survival.

Clearly a "fairy godmother" is required, and perhaps Mr David Ennals, Secretary for Social Services, might care to adopt that guise—reflecting on his own words of praise for the profession on p803 of this issue—when he meets PSNC representatives on June 16 to discuss the NHS remuneration cuts. Unfortunately, the lesson we learn from history is not to expect too much by way of generous gifts. Pharmacy seems always to have had to fight hard for its pittance.

# David Ennals to meet PSNC over £11m 'cut'

The Secretary for Social Services, Mr David Ennals, has agreed to a meeting with the Pharmaceutical Services Negotiating Committee to discuss the "cuts" in chemist contractors' remuneration. The meeting is to be held on June 16.

Earlier this week, some Wiltshire pharmacists had been threatening to close their premises for a day on June 8 in protest over the "cuts". But Mr R. G. Worby, the new chairman of the Pharmaceutical Services Negotiating Committee, together with Mr Alan Smith, PSNC chief executive, succeeded in persuading their representatives that the "withdrawal of services" should be postponed pending the outcome of the discussions with Mr Ennals.

Mr Gordon Hill, secretary, Wiltshire Area Chemist Contractors Committee, told *C&D* that two dozen pharmacists representing South-west England held a "very militant" meeting on Sunday at which the majority supported the Wiltshire pharmacists' plans. A number thought such action "somewhat premature" but they recognised that "someone had to take the initiative in resisting such an intolerable imposition" from the Department. The meeting proposed the PSNC be asked to consider whether the protest should be taken up nationally if the Secretary of State failed to meet pharmacists' demands within a reasonable time. If PSNC agreed to seek opinions of contractors throughout England—which would take some time—Wiltshire contractors might decide to postpone their action.

## Not irresponsible

Mr Hill added that the pharmacists intending to withdraw their labour were not being irresponsible—the public was being told through notices in the windows that the pharmacies would be closed and provision would be made for urgent prescriptions. A one-day protest would highlight the profession's grievances and warn the public what difficulties to expect if more pharmacies were forced to close down.

However, Mr Worby told *C&D* that while he sympathised with the frustration of the Wiltshire contractors, he was disturbed by their decision to embark unilaterally upon strike action. "Our quarrel is with the DHSS, not the public—indeed our quarrel with the DHSS is on behalf of the public," he said.

There was time and opportunity for Mr Ennals to reverse the Department's proposals and he did not want contractors to act precipitately. "If satisfactory assurances are not obtained, however, action will be required urgently to mobilise public opinion in order to put the utmost pressure on the Department, not only to sweep away any question of a cut, but to meet our just and very necessary claim for an improvement in percentage profit

margin." Last week (*C&D*, p744), the Committee said that if there were no "tangible result" from the meeting with Mr Ennals, a conference of LPC representatives would be called to decide upon further action.

## ASTMS calls a meeting

A meeting of over 60 Warwickshire, Coventry and Solihull contractors last week discussed sanctions that could be taken should the Secretary of State fail to realise how serious the situation facing pharmacy—and the public—now is. The ASTMS general practice pharmacy section is holding an open meeting for chemist contractors on June 9, Ivanhoe Hotel, Bloomsbury Street, London WC1, to formulate resolutions for the Parliamentary committee to put to Mr Ennals. Speakers will include an ASTMS MP.

## USDAW warns of retail pharmacy 'collapse'

A warning to the Government that the whole structure of retail pharmacy will collapse unless contractors are paid more for National Health Service dispensing was given last week.

The Union of Shop, Distributive and Allied Workers made the warning in a letter to Mr David Ennals, Secretary for Social Services. USDAW is concerned about further closures of pharmacies away from shopping centres and pressures to keep down staff wage bills in what it describes as "an already low paid area of distribution".

In the letter, Mr S. Williams, USDAW national officer for the pharmaceutical industry, asked if the Government wished to maintain a viable retail outlet structure with accessibility to all members of the community—in cities, towns or villages. It is obvious to USDAW, he says, that rapid closures would lead to protests from the community. If the retail pharmacy structure collapsed the ultimate cost to the taxpayer would be much higher.

"Should the Government intend to encourage an extended NHS to encompass dispensing services then it ought to make its stance public, for the policy of strangling pharmaceutical outlets holds the utmost danger to our members both in the retailing and wholesaling side."

Doctors were opposed to community health care and pharmacists were opposed to state pharmacy, Mr Williams says. USDAW had no political view to express at the time, for or against, but wished to establish its view in respect of its members.

"The rates of pay prevailing for qualified and unqualified staff in retail pharmacy and the rates for shop assistants are

far below those we expect. Both groups of employees are very low paid and it is our intention, as far as pharmacy shopworkers are concerned, to restore their level of earnings and make them more comparable to other shopworkers in the UK. Equally the pay of qualified pharmacy managers and unqualified assistants working in dispensing is far below that of their counterparts in the wholesaling or manufacturing side of the industry and we find this situation intolerable.

"USDAW has no intention, in its negotiations with the pharmaceutical industry, of standing on one side and allowing the situation to continue. It will utilise Schedule 11 of the Employment Protection Act to protect its members from the consequences of low pay and the restrictions that are now being intensified in the retail pharmacy sector upon its profitability."

## SMA urges closures survey and State pharmacies

The Socialist Medical Association pharmacy group is demanding a more urgent approach to the problem of pharmacy closures. The annual conference recently called for a national survey of existing and possible closures to prepare for a planned pharmaceutical service which would include health centre and State-owned pharmacies.

The conference also demanded that the Health Minister set up independent systems of drug assessment, co-ordinating the findings and publishing authenticated drug information. Information provided almost entirely by the pharmaceutical industry "must obviously be biased or suspect", the group believes. The conference called for an independent special commission to assess drug research techniques as it was "seriously concerned that clinical trials and research for new drugs as conducted in the UK by highly competitive and highly profitable private industry do not conform to the drug regulations of this country." The commission should be representative of Government regulatory agencies, the medico-pharmaceutical professions, universities, the industry and consumers.

Mr Stanley Blum has been elected chairman of the group. Miss Avril Butler, 21 Kimberley Road, St Albans, Herts, is secretary and Mr T. C. Thomas assistant secretary. Mr Blum, Miss Butler, Mr Philip Crees and Mr J. Ashford are representatives on SMA council and Mr Ashford was elected to serve on SMA's executive committee.

## DITB Award winners

Among the latest winners of the distributive training award were Benwall Ltd, Reeda House, Bernville Way, Kenton, Middlesex (chemist wholesalers) and Germaine Monteil UK Ltd, 33 Old Bond Street, London W1X 4PH.

The award, from the Distributive Industry Training Board, goes to companies attaining a high standard of staff training contributing to the efficiency of the business and good customer service. Winners are entitled to display the black and gold award insignia for promotional and recruitment purposes.

# Estelle Leigh is Society's new president

Mrs Estelle Leigh was unanimously elected president of the Pharmaceutical Society of Great Britain at Wednesday's Council meeting. Her nomination was proposed by retiring president, Mr J. P. Bannerman—who had himself been the subject of a number of calls for a third year in office last week. Mrs Leigh is engaged in private retail practice in Liverpool with her husband, Mr J. C. Leigh, a former chairman of the National Pharmaceutical Union.

The Society's new vice-president is Mr John E. Balmford, who runs a "professional" pharmacy at Lichfield, Staffs. Mr A. Howells was re-elected treasurer and Council also re-appointed Mr D. F. Lewis secretary and registrar.



Mrs Leigh (top) the Society's new president, pictured at the opening of the Lambeth building in February. Below is Mr Balmford, the new vice-president

## Thirteen new PSGB Fellows designated

Thirteen pharmacists have been designated new Fellows of the Pharmaceutical Society of Great Britain. They are:

*Distinction in the profession of pharmacy*  
Granville Gabe Davies, Swansea  
Mrs Doris Hilda Evans, Liverpool  
John Kemp, Cardcross  
Robert M. E. Richards, Rhodesia  
Geoffrey Shrimpton Riley, Bristol  
Arthur Smith, Bucks  
Derek Winston Snowdon, Sunderland  
David Knowles Watkins, Surrey  
James Whitehead, Rhodesia  
Idris Wynn Jones, Merioneth  
Miss Ann Elizabeth Young, Essex  
Kenneth Frank Young, Southampton

*Distinction in the practice of pharmacy*  
William Cyril Edward Hayes, Hertford

## Results of Scottish Committee elections

The following were elected members of the Pharmaceutical Standing Committee (Scotland) at the first meeting of the newly-appointed Pharmaceutical General Council (Scotland): Dr S. M. Woods, Ayr, chairman; Mr D. C. Mair, Glasgow, vice-chairman; Mr G. W. Allan, Edinburgh; Mr J. P. Bannerman, Glasgow; Mr R. S. Duncan, Dundee; Mr L. B. Dunn, Glasgow; Mr P. Gilbride, Glasgow; Mr K. J. Gray, Bridge of Allan; Mr W. J. Y. Hogg, Selkirk; Mr W. S. McConnell, Hurlford; Mr I. M. Mullen, Edinburgh; Mr J. Rutherford, Kirkcaldy; Mr J. Veitch, Lesmahagow; Mr J. G. Davies, Edinburgh, representing the Company Chemists Association; Mr G. B. Kirkwood, Glasgow, representing Co-operative Societies.

# Improvements in NHS discounting and price dates

A new timetable for the pricing of proprietary preparations dispensed on National Health Service prescriptions has been agreed in principle, subject to acceptance from all bodies, including the Association of the British Pharmaceutical Industry. If a price rises on or before the first of the month, the new price will be payable on all prescriptions dispensed during that month.

A new discount scale has also been agreed in principle with the Department of Health. There will be a reduction of almost 1 per cent in the discount "clawed back" from chemist contractors, estimated to be worth between £3½m to £4m in a full year. Certain issues remain to be settled, however, and these will affect the negotiation of repayment of discounts which may have been overdeducted from contractors' remuneration since April 1975.

Both of the above changes will be implemented "as soon as possible", according to a Pharmaceutical Services Negotiating Committee spokesman.

## 'Strike leapfroggers off Register' ASTMS group

The ASTMS north east general practice pharmacy group wants "leapfroggers" struck off the Register and the present NHS contract scrapped.

The group passed the following resolutions at a recent meeting: The NHS contract is 30 years old—it should be scrapped and replaced with a modern one giving a salary commensurate with the professional responsibilities of a pharmacist.

The NHS contract should be with the pharmacist manager and not with the owner of the shop. NHS fees should include some element of superannuation for the pharmacist. Pharmacists should be reimbursed on the prices they actually pay for drugs plus an agreed oncost and not as in the case of those who cannot buy large forward stocks having to wait two months while they get paid at old price rates for drugs bought at new increased prices.

Pharmacists who "leapfrog" when there is no need for an extra pharmacy in the location should be reported and have to appear before the Statutory Committee to explain their action and reasons—if inadequate they should be erased from the Register for deliberately and unprofessionally harming a colleague.

Where there is an official rota, any rota breakers should be brought before the Statutory Committee to justify their actions.

The meeting was attended by about a dozen pharmacists and their views are being forwarded to ASTMS headquarters for circulation to MPs.

## Payment for Eltroxin and Triptafen tablets

The Prescription Pricing Authority will certify for payment the price of Eltroxin tablets where a contractor supplies Eltroxin 50 or Eltroxin 100 against orders for thyroxine tablets BP 50mcg or 100mcg and endorses the prescription to that effect. According to the Pharmaceutical Services Negotiating Committee, the Department of Health has ruled that an order for tablets Triptafen-minor and Triptafen DA on one form FP10 carries two charges of 20p to the patient. The order also counts as two professional fees for pricing purposes. Gauze and cotton tissue 100g is to be deleted from the Drug Tariff from July 1.

Since the Pharmaceutical Services Negotiating Committee's February *NHS Newsletter* was printed, the basic price of the hand operated atomiser (Drug Tariff p52) has been increased to £2.00. The Riddopag atomiser may therefore again be supplied against orders on Form FP10, says PSNC.

# TV warning on Wrights' fluid danger

Television viewers were warned last week of the dangers from spilling "old formula" Wrights' vaporiser fluid on the skin. The BBC programme "That's Life" told of a young child who had died three years ago from brain and kidney damage after finding the fluid and spilling a quantity on himself.

The old formulation contains 90 per cent cresol and has now largely been replaced by a new product containing 10 per cent chlorocresol (*C&D*, November 27, 1976, p734). However, Esther Rantzen, the programme presenter, said that the old product in the yellow carton was still being supplied and told viewers to destroy or return to a pharmacy any they might have. The new product has a red band and the words "new formula" on the carton. Miss Rantzen said that LR/Sanitas, manufacturers of Wrights' fluid, were expecting to replace all stock in shops by mid-June.

A spokesman for LR/Sanitas said: For many years they sold a vaporising fluid containing 90 per cent cresol. It was an effective medication and included in the Drug Tariff. Unfortunately, however, the fluid was extremely corrosive and its misuse resulted in serious accidents.

The company produced an improved formulation which is now included in the Drug Tariff and clinical trials indicate the new formula is as effective as the old with the benefit of being non-corrosive and non-toxic. The sales force has been instructed to exchange any old stock held by direct accounts and wholesalers are asked to notify their accounts of the desire to exchange stock. Any pharmacist with old stock as fluid or part of a kit should contact the company who will arrange for exchange to new stock.

Esther Rantzen invited the public to return old stock to the local chemist, who if this happens, is asked to replace it with new and the company will exchange it.

## Additions to MDA drugs

Some tryptamine and phenethylamine derivatives are proposed to be added to class A of the drugs subject to control under the Misuse of Drugs Act 1971.

The Draft Misuse of Drugs Act 1971 (Modification) Order 1977 (HM Stationery Office, £0.10) amends Part 1 of Schedule 2 to the Act to include any compound structurally derived from tryptamine or from a ring-hydroxy tryptamine by substitution at the nitrogen atom of the side-chain with one or more alkyl substituents but no other substituent.

It also includes any compound (not methoxyphenamine) structurally derived from phenethylamine, an N-alkylphenethy-



Mr Roland Moyle (left), Minister for Health, appears to stir things up at the new tablet manufacturing building, Wellcome Production Centre, Dartford, Kent, last week (see p836). With him is Mr R. C. Devereux, group production director, Wellcome Foundation Ltd

lamine,  $\alpha$ -methylphenethylamine, an N-alkyl- $\alpha$ -methylphenethylamine,  $\alpha$ -ethylphenethylamine or an N-alkyl- $\alpha$ -ethylphenethylamine by substitution in the ring with alkyl, alkoxy, alkylendioxy or halide substituents.

## Employee discipline : a suggested procedure

Practical guidance on drawing up disciplinary rules and their effective operation are the result of an Order to come into effect on June 20.

The Code of Practice 1, disciplinary practice and procedures in employment (HM Stationery Office, £0.15) was prepared by the Advisory, Conciliation and Arbitration Service. Its introduction was laid before Parliament last week by Mr Albert Booth, Secretary for Employment, in the Order (SI No 867, HM Stationery Office, £0.10).

The code recommends that all employees be given a copy of the employer's rules on disciplinary procedures which should specify employees covered and what actions may be taken. Employees should be told of complaints against them and given chance to state their case.

Disciplinary action should not be taken until the case has been fully investigated. Immediate superiors should not have power to dismiss without reference to seniors and, except for gross misconduct, no employee should be dismissed for a first breach of discipline. Employees should have a right of appeal.

When disciplinary action other than summary dismissal is needed, supervisors should give a formal oral warning or a written warning in more serious cases.

In exceptional cases the code points out that special consideration should be given to disciplinary action. For example, night shift workers to whom the full procedure is not immediately available. Criminal offences outside employment should not be automatic reasons for dismissal.

Legal action cannot be taken against an

employer solely for not complying with the code's provisions. However, industrial tribunals may take this into account. It is recognised that smaller establishments may not be able to adopt all the detailed provisions, but most of the features could be adopted in a simple procedure, the code suggests.

## Employment grants

Premium grants of £1,100 per head are to be continued by the Distributive Industry Training Board, in conjunction with the Training Services Agency, for a third year. The aim is to encourage employment and training of extra school-leavers in the distributive industry.

Recruits must be over and above a firm's normal intake and the number of grants is 4,500. Employers can qualify for each youngster employed between June 1, 1977 and January 31, 1978, provided: The new recruits are school-leavers aged 19 or under; recruited into full-time occupations; given appropriate planned training and day or block-release; and provided they can satisfy the following: Before premium grants can be awarded there must be training or trainees (other than those for whom the firm is receiving any kind of premium grant) in post, equal to 9 per cent of skilled and qualified personnel in the job concerned.

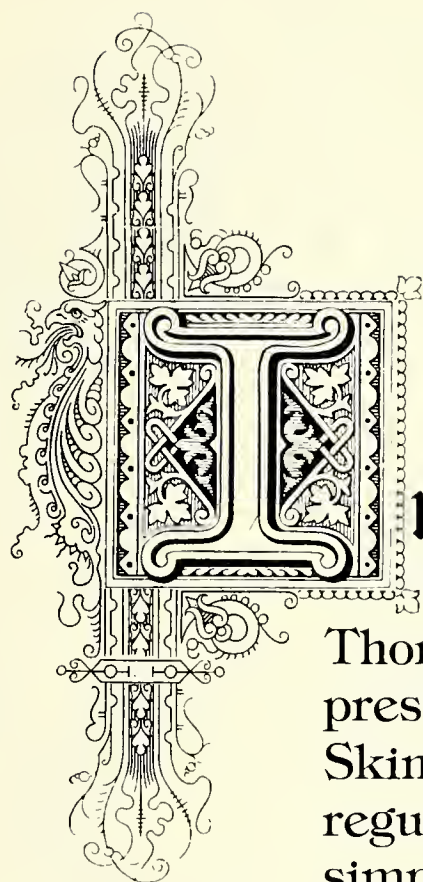
TSA special measure grants of £30 per week for up to 26 weeks are available for employers who give training to sandwich students over and above the 1976 intake of such students. Application forms are available from grants department, Distributive Industry Training Board, Maclaren House, Talbot Road, Stretford, Manchester.

## Pill slab fetches £1,000

A rare Lambeth Delft polychrome pill slab, dated 1687 (pictured below) was sold at Sotheby's on Tuesday for £1,000. The 12½in octagonal body is painted in blue, ochre and copper-green and pencilled in black with the arms of the Apothecaries' company above the motto and date.

Two Italian albarelli, among the contents of Mentmore House, Bucks, were auctioned by Sothebys last week. The jars, Faenza c1550 (illustrated *C&D*, May 7, p624) were inscribed *madiagora* (mandrake) and *acorus* (calamus) roots and fetched £1,950 and £1,100 respectively.





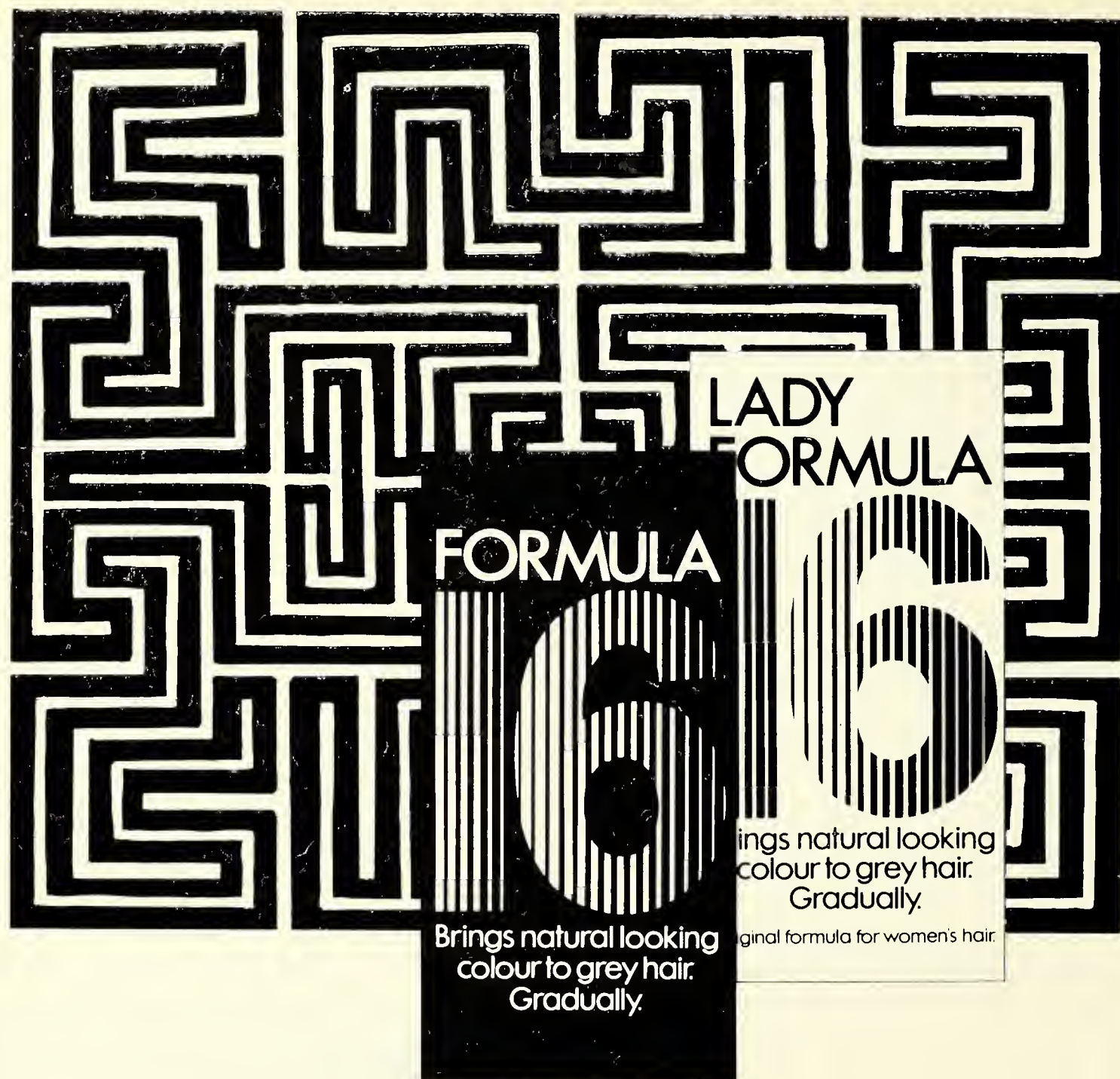
## In this Silver Jubilee Year

Thomas Christy are proud to present their new, exclusive range of Skin Care Products, which – if used regularly – and according to the simple instructions, will be of undoubted help in cleansing, toning and nourishing every woman's skin in order that it may retain its youthful health, quality, and assist her to that first requirement of feminine loveliness – a perfect complexion.



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Gradually.

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# People

# Topical reflections

BY XRAYSER

## Jubilee

In a year of royal celebration in which few commercial opportunities will be missed, I was fortunate to come across a newspaper dated 1897. That also was a year of celebration of a Queen. My interest was at once caught and held by an advertisement for linen fitted shirts of no 1 quality at 2s 3d each, three for 6s 6d and six for thirteen shillings. (There was no indication of why anyone should be expected to buy six.)

In a very bulky weekly issue, advertisements were the most prominent feature and, before any ethical objection was taken to the pharmacist attracting public attention, the chemists and druggists of 80 years ago did not resemble the blushing violet. Quinine and Iron Tonic, for example, "purifies and enriches the blood, promotes the appetite and improves digestion, animates the spirits and mental faculties and strengthens the nervous and muscular systems"—surely worthy of inclusion in the compendia of today. It was sold in bottles at 1s 0d and 1s 9d each—free by post 1s 2d and 1s 11d. It will be observed that, as in the case of the shirts, postage was very reasonable, and one wonders how much the shirtmakers and the postmen received for their labours.

The same druggist, in another column, sang the praises of a rheumatic liniment which "will cure the most chronic cases of Rheumatism, Lumbago or Sciatica, no matter of how long standing. One application will supple the joints, reducing the swelling, and a single bottle will effect a most positive cure." The range of preparations offered was a lasting proof of his concern for his fellow man. He also prepared and sold a Hair Restorer which would speedily (and positively) permanently restore Grey Hair to its Original Colour and beauty. The application was simple, the effects certain, and the price moderate.

The masterpiece was The Blood Purifier of Iodized Sarsaparilla. It was glowingly described as the "Regenerateur de Sang" of the French, and the advertisement stated that the preparation was largely prescribed in that country for purifying the blood, restoring the appetite, flesh, colour, strength and vigour. "It is composed," the text went on, "of the Concentrated Essence of Sarsaparilla combined with the active principle of Sea Water." It was particularly recommended for Blood and Skin Diseases, Loss of Appetite, Wasting of the Body, Rheumatism, Scrofula, Scurvy, Old Sores, Dropsy, Chronic Diseases of the Nervous System, Pimples on the Face and for Purifying the System from Mercurial Poisons.

## Others

But it must not be thought that the Associate of the Pharmaceutical Society was allowed to have it all his own way, for a large space was taken to emblazon the virtues of Holloway's Pills and Ointment—the pills to purify the blood and correct all disorders of the internal organs and the ointment for chest and throat infections, gout, rheumatism, stiff joints, etc. Moreover, advice could be had gratis at 78 New Oxford Street, London, between the hours of 11 and 4. And in the very next column, worth a guinea a box, as the wording had it, Beechams Pills were offered for all bilious and nervous disorders such as sick headaches, weak stomach and female ailments.

It is just possible that the need for the medicines was the result of dietary indiscretion, for food and drink were not expensive, provided you had any money at all. New Zealand mutton was advertised at 3½d to 6d per lb.—washed down with whisky at 3s a bottle. Sadly, I found only one issue and have therefore been left in the dark regarding the outcome of a serial story in which one "Enoch Meek ground his together, which was a mute way of cursing George".



**Mr Stanley McIlroy**, senior representative in Belfast for Yardley of London, has been presented with a gold watch for 20 years service. He is pictured (centre), with his wife Noreen receiving the watch from Mr R. Vincent, deputy managing director.

Known as Mr Yardley, he joined the company in 1957 and has won a number of awards. He accomplished the unparalleled feat of being elected salesman of the year three times (1962, 1967 and 1972) and has now been given the £1,000 cup to keep. He won a holiday to Capri in 1961, Monaco in 1971, Teneriffe in 1973, Greek Islands Cruise in 1974 and Bermuda in 1975.

Born in Belfast Mr McIlroy lives with his wife and daughter in Gorton Park, Knock. He is a prominent member of the Ulster Chemists' bowling team and has been on the Belfast Cathedral Board for seven years. He has also been Dean's warden at the Cathedral for four years.

**Mr W. C. (Bill) Christie, MPS**, Burntisland, Fife, a member of Unichem's Scottish regional committee, won the Scottish Pharmaceutical Federation tankard at the recent Scottish Chemist's Golfing Society meeting held at Gleneagles Golf Course, Perthshire. Unichem was well represented at the meeting—non-executive director Mr David Mair, MPS, and Livingston branch manager Mr Cyril Westgarth also took part in the meeting and Mr Mair's wife, Eleanor, presented the prizes.

## Deaths

**Crews:** On May 25, at his home, Sydney Kirby Crews, FPS, Flat 1, Gervis Court, Church Road, Parkstone, Poole, Dorset. Mr Crews qualified in 1912 and was 88 years old.

## News in brief

□ Diagnostic reagents and contraceptive devices are among the price revisions in the Scottish Drug Tariff, June supplement.  
 □ The Medical Qualifications (EEC Recognition) Order 1977 (SI 1977 no 827, HM Stationery Office, £0.25), coming into effect on June 10, amends the Medical Acts to give doctors right of establishment and freedom to provide medical services in the EEC. Registration of applicants lapses if they fail to satisfy the registrar that their knowledge of English is sufficient for the practice of medicine in the UK.

# New products

## Electrical

### Krups' shaver

Krups are now entering the British market with a shaver under their own name. The TR3, model 488, (£17.99) has a flexible, thin, wide-span foil made of tempered nickel, designed so that the drawing effect of the perforations gives a close shave. The stainless steel, lapped inner cutter is easily removed for its recommended weekly brush-out. A major feature of the TR3 the manufacturers say, is its retractable hair trimmer. This emerges or retracts from the side of the shaver by operating a sliding switch. It is converted from 240V to 120V by a half-turn of the voltage-selector screw in the base.

The TR3 has a matt black high impact-resistant plastic housing, and is supplied with a compact black leather-look travel case and telephone-type coiled cord. It has a five-year guarantee, backed by Krups international 48-hour repair or replacement service (Krups (UK) Limited, Rainham Essex RM13 3QT).

## Photographic

### Built-in electronic flash

ITT Photo Sales have launched a 110 pocket camera with built-in electronic flash. The IC 401 Magicflash provides the user with a simple camera but one in which convenience is an obvious objective. Thus the electronic flash eliminates the need to replace flash bulbs (this can also reduce the cost of each picture considerably); there is a "ready" light in the viewfinder when the unit is fully charged; there are no lens or shutter settings, and the film transport is operated by a manual slide in the thumb's natural position when taking pictures (making possible the taking of multiple shots without removing the camera from the eye).

The three-element 30mm glass lens is stopped at  $f/9.5$  for daylight and  $f/5.6$  for flash (automatic change); a protective spring-loaded cover can be slid across both lens and viewfinder. Flash operating distance is 5-10ft and the unit is claimed to provide over 100 flashes per set of two AA alkaline batteries. The angle of flash illumination is matched to the coverage of the lens. ITT say that there should be less risk of camera shake than with many other 110 cameras because of the increased weight resulting from incorporation of the flash unit.

To launch the summer advertising campaign, full-page colour advertisements in *TV Times* and *Radio Times* will feature a coupon which, when sent in to ITT with the guarantee registration card, will earn the consumer a £1 rebate. Additional coupons in dispensers will be available for display at point of sale. ITT say they will be looking for co-operative advertising with leading retail chains; such deals will

bring at least 20 television spots in the Thames area, June to September. The camera has already been successfully test-marketed through one chain in the London area. Retail price is expected to be under £30 (ITT Photo Sales, 139a New Bond Street, London W1. Distributors to chemists, Ashe Laboratories Ltd, Ashtree Works, Kingston Road, Leatherhead, Surrey KT22 7JZ).

# Prescription specialities

## BEROTEC inhaler

Berotec (fenoterol hydrobromide) is a potent, rapidly acting, selective  $\beta_2$  adrenoceptor stimulant with a duration of action of six to eight hours. There is evidence that the drug may reduce the allergic response of tissues. Animal studies have shown that Berotec also increases the frequency of movement of the respiratory epithelial cilia and the rate of mucus transport.

**Manufacturer** WB Pharmaceuticals Ltd, PO Box 23, Bracknell, Berks

**Description** Pressurised inhaler, each metered dose containing fenoterol hydrobromide 0.2mg (0.18mg available to the patient)

**Indications** Treatment of reversible airways obstruction as in bronchial asthma, bronchitis and emphysema

**Dosage** *Adults*—one or two puffs three times daily. May be increased to two every four hours. *Children*—usually one puff three times daily, increased to one every four hours if necessary. Supervision by a responsible adult recommended

**Precautions** Caution in thyrotoxicosis, myocardial insufficiency, angina, cardiac arrhythmias or hypertension. Care in concurrent administration of sympathomimetic amines, monoamine oxidase inhibitors or tricyclic antidepressants. Antagonised by beta-adrenergic blocking agents so should not be co-prescribed. Patients must be warned not to exceed the prescribed dose—if relief not obtained the patient should contact the doctor for advice. Safety not established in early pregnancy. May prolong pregnancy and inhibit labour. Temporary dose-related decrease in serum potassium levels has been observed in some patients

**Side effects** Transient sympathomimetic effects such as palpitation, tachycardia, headache and tremor may occur but are uncommon with administration by inhaler

**Storage** Protect from heat. Vial should not be incriminated or opened even when empty

**Packs** 10ml vial (200 metered doses) complete with mouthpiece (£1.90 trade)

**Supply restrictions** Recommended on prescription only

**Issued** June 8, 1977

## CORSODYL mouthwash

**Manufacturer** Imperial Chemical Industries Ltd pharmaceuticals division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF

**Description** Clear pink solution containing chlorhexidine gluconate 0.2 per cent w/v

**Indications** Prevention and treatment of gingivitis. Maintenance of oral hygiene, particularly where toothbrushing cannot be adequately employed. May also be used after periodontal surgery to promote gingival healing. Management of aphthous ulceration and oral candidal infections

**Method of use** The mouth should be rinsed thoroughly for about one minute with 10ml twice daily until the condition is resolved. Toothbrushing with a conventional toothpaste should be done immediately prior to mouthrinsing or at a different time of day. For denture stomatitis, the dentures should be cleansed and soaked in the solution for 15 minutes twice daily

**Precautions** Superficial discolouration of the tongue, teeth and silicate or composite restorations may occur, preventable by toothbrushing as above. Transient disturbances of taste and a burning sensation of the tongue may occur on initial use. These effects usually diminish with continued use. If oral desquamation occurs, dilution of 5ml mouthwash with 5ml tap water freshly mixed, and instruction to use less vigorously, will often allow continued use

**Side effects** Very occasionally, swelling of the parotid glands has occurred, which resolves on discontinuing treatment

**Storage** Replace cap after use. Avoid heat

**Packs** 250ml bottle (£0.75 trade; £1.21 retail)

**Issued** June 1977

## BETADINE VC kit

**Manufacturer** Napp Laboratories Ltd, Hill Farm Avenue, Leavesden, Watford

**Description** Betadine VC concentrate (povidone-iodine USNF 10 per cent w/v) 250ml, with a plastic measuring-applicator bottle and a vaginal applicator

**Indications** Vaginal cleansing in treatment of vaginitis due to candidal, trichomonal, non-specific or mixed infections and for pre-operative disinfection of the vagina

**Method of use** Once daily, preferably in the morning, for 14 days, diluted according to the marks on the bottle. May be used in conjunction with Betadine vaginal pessaries or gel

**Precautions** Douching not recommended in pregnancy. Discontinue if irritation, redness or swelling develops. Patients with history of iodine sensitivity should not use without prior investigation. The product is spermicidal and should not be used when conception is desired

**Storage** In a cool dry place protected from light

**Packs** Carton of 250ml concentrate, measuring-applicator squeeze bottle, plastic vaginal applicator and patient instruction leaflet (£1.98 trade)

**Issued** June 1977

## Niferex distribution

Tillotts Laboratories, Henlow Trading Estate, Henlow, Beds, have been appointed distributors of the Niferex range.

## Sidros shortage over

Shortage of bottles for the 100 pack of Sidros is now over, and this size is once again freely available, according to Potter & Clarke Ltd, 44a The Green, Warlingham, Surrey CR3 9YS.

# Trade News

## C-vet lignocaine A

C-vet Ltd, Minster House, Western Way, Bury St Edmunds, Suffolk IP33 3SU, have introduced C-vet lignocaine A, a local anaesthetic for canine and bovine infiltration anaesthesia, and regional, paravertebral and corneal nerve blocks. The solution contains lignocaine hydrochloride BVetC 2 per cent w/v, adrenaline acid tartrate BP 0.0024 per cent w/v, chlorocresol 0.1 per cent w/v, sodium metabisulphite BP 0.1 per cent w/v, sodium chloride BP 0.45 per cent w/v, water for injection BP to 100 per cent (12 x 100ml vials, £7.50 trade).

## Glucophage 500mg change

The shape of Glucophage tablets 500mg has been changed for patient convenience; the diameter has been decreased to 11mm and the thickness increased to 5.7mm. The new shape tablet will be available from June 13 from Rona Laboratories Ltd, Cadwell Lane, Hitchin, Herts SG4 0SF. Its weight, disintegration and bioavailability are unchanged.

## A re-style for Betnovate bottles

Betnovate and Dermovate scalp applications are now available from Glaxo Laboratories Ltd, Greenford, Middlesex UB6 0HE, in re-styled 30ml and 100ml plastic squeeze bottles, with tapered shoulders and a one-piece nozzle. Similar design changes are being made to the packs for Efcortelan, Betnovate and Betnovate-N lotions.

## Bottle brochure

The latest pharmaceutical brochure from International Bottle Co Ltd, 140 Park Lane, London W1Y 4AU, illustrates their comprehensive range which includes new tubing phials and ampoules.

## Christy repackage skin care

Thomas Christy Ltd, North Lane, Aldershot, Hants GU12 4QP, have repackaged their skin care products in glass bottles.



The deep cleansing lotion and skin toner have also been cartoned in blue and white packaging the design of which shows a dove about to settle on a branch of blossom; the company feels that this will help to convey the lightness and purity of the products. The moisturising cream has also been reformulated into a light, easily absorbed cream.

## Face Savers girls

The Press campaign for Face Savers from Sterling Health Products, St Marks Hill, Surbiton KT6 4PH, will run through until August. It consists of four different full page advertisements featuring girls who need a clear healthy skin for their jobs. A radio campaign will continue until June 12 on 17 independent radio stations.

## Kryobulin all highly soluble

All future supplies of Kryobulin 250iu home treatment packs from Immuno Ltd, Arctic House, Rye Lane, Dunton Green, Sevenoaks, Kent TN14 5HB, will be of the new highly soluble type. It is now soluble in 10ml of water for injection. The Kryobulin bottle is packed in one box and the equipment and water for injection are packed separately with a sleeve around them to keep them together. The sleeve can be broken open so that the Kryobulin alone can be stored in the refrigerator. The full range of Kryobulin is now available in the new highly soluble form.

## One-cal's Capital quiz

The One-cal radio phone-in on Capital Radio which began on May 31 will run until June 11. The radio station described it as a "UK first" and Jubilee crowns, T-shirts and "beanie" hats will be among the 1,800 prizes being given away in a quiz by RHM Foods Ltd, 10 Victoria Road, London NW10 6NU. One-cal is also back on television in the second of three advertising bursts planned in this summer's £750,000 campaign.

## Take things easy, say Kodak

"Take things easy" is the advertising message from Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Herts. Until the end of July three 30-second television commercials will show an Instamatic camera's-eye-view of leisure scenes. The new "7" range of 126 cameras and pocket cameras will appear in colour magazines and daily newspapers, and point of sale material is available.

## Vestric wholesale Olympus Trip

Olympus Optical Co (UK) Ltd, 2 Honduras Street, London EC1, have appointed Vestric Ltd to wholesale Trip 35 compact camera. As a result of the agreement, Olympus products will become freely available to chemist accounts serviced by Vestric. The Olympus Trip 35 is a high-quality camera, promoted nationally.

## Pin Up improved

Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY, have introduced an improved version of their Pin Up home perm. It has been given a new perfume and the foam neutraliser now has better conditioning properties to leave the hair "extra shiny and manageable". The new packaging shows a soft, casual



permed style but the distinctive diamond shape is retained. A new leaflet is also available showing several permed styles that can be achieved with the product. Commented brand manager, Dan Hardy, "In the past consumers have seen homeperms as being old-fashioned. So we have up-dated the packaging to appeal to existing users and also to younger users who have not used such a product before." £50,000 will be spent on advertising the product with the copy line in the women's Press reading "Last night I became a Pin Up girl". The product comes in two sizes, end curl (£0.67) and full head (£0.97).

## Quickies go fruity

Fruity Freshers are a new line from the makers of Quickies, Associated Products Ltd. These fine cotton cleansing discs with fruit fragrances—green apple, strawberry and tangy orange—are distributed by Fassett & Johnson Ltd, Dawson Road, Bletchley, Milton Keynes MK1 1JT. A counter unit will be available holding 24 assorted packs. The product is being backed by an advertising campaign on Radio Luxembourg with a Fruity Fresher competition in which listeners will be asked to identify the voices of personalities as they reveal which Fresher is their favourite. The competition winner will be awarded a holiday for two on the Costa del Sol.

## Honeysuckle Airwick

Airwick (UK) Ltd, Manchester Old Road, Rhodes, Middleton, Manchester M24 4RH, are introducing a new fragrance to their Airwick solid range. Airwick solid honeysuckle (£0.45) will join the current range of natural, rose and lemon fragrances later this month.

## Columbia bags

Columbia Products Co Ltd, Sherbourne Avenue, Binstead, Ryde, Isle of Wight, now have good supplies of Holly Hobbie material to meet all outstanding orders for their range of cotton bags.

## Knights Castile size change

Lever Brothers Ltd, Port Sunlight, Wirral, Merseyside L62 4XN, are replacing the existing family size bar of Knights Castile with a 6½oz tablet (£0.24½) from June 6.

Continued on p800

# Trade News

Continued from p799

## Minisox, Woodward's new sizes

Minisax saccharine sweetener from LR/Sanitas Ltd, Sanitas House, Stockwell Green, London SW9 9JJ, has been introduced in a family size dispenser which contains 400 tablets (£0.30). The company explains that this move is to keep up with a "very high demand for a bigger, value for money low-calorie sweetener" from an estimated 20m calorie-watchers.

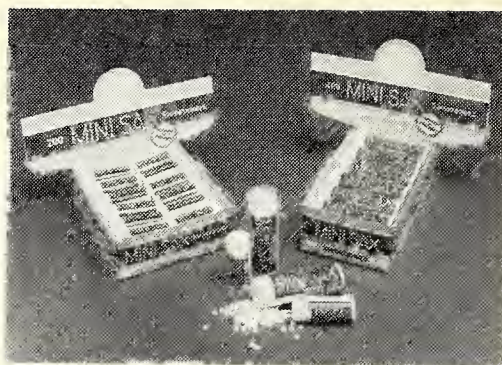
The company has also added a smaller size of Woodward's baby cream, it is now available in the new 100g size (£0.35) and the 265g size (£0.59). A bonus is available on both sizes along with other products in the range, gripe water, diarrhoea mixture, teething balm and scalp care, say LR/Sanitas.

## Dixcel make flowers

British Tissues Ltd, 101 Whitby Road, Slough, Berks HA3 8BS, are offering a free booklet, "Kaleidoscope of tissue paper crafts" by Yvonne Dockree on all Dixcel family tissue packs. The booklet has an insert devoted to paper flower making using Dixcel tissues and in addition two from any of Yvonne Dockree's four flower kits are offered at a special price of £1.90 for the two (normal price £2.40). The offer is supported by a free holiday incentive to the trade.

## Kimberly-Clark's two

Delsey tissues from Kimberly-Clark Ltd, Larkfield, Maidstone, Kent, are now available in three colourful new packs. The "Delsey look" is reflected across all three products in the range, large tissues, colourblend regular tissues and regular



white and features a "tall ship" scene on the large tissue packs and floral designs on both regular packs. The company says that the ship scene was chosen for the large tissues because they felt it reflected the product's main qualities, strength and absorbency.

Kimberly-Clark have also put the Kotex New Freedom towel and garment set on a special offer, available only to pharmacies. From June 13 until the end of July the flashed trial pack will retail at £0.29. The company says trial offer packs are one of the most successful consumer attractions at the present time.

## Christmas trade show dates

The wrong dates for the Christmas trade shows of Jean Sorelle Ltd and Potter and Moore Ltd, 117 Great Portland Street, London W1N 6AH, were submitted to C&D (last week, p759). They should be: Central Hotel, Glasgow June 12-15, Hendon Hall Hotel, London June 12-15, Majestic Hotel, Harrogate June 19-22, Metropole Hotel, Brighton July 3-6, Piccadilly Hotel, Manchester July 10-13 and Midland Hotel, Birmingham July 10-13. The full ranges are on permanent show at the London offices.

Other dates notified to C&D are: John O'Donnell, Box 33, Chelmsford CM1 6NH. Hendon Hall Hotel, London June 12-16, Central Hotel, Glasgow June 12-15, Majestic Hotel, Harrogate June 19-22, Five Bridge Hotel, Gateshead June 26-29, Grand Hotel, Brighton July 3-6, Midland Hotel, Birmingham July 10-13 and Hotel Piccadilly, Manchester July 10-13.

## Sue Barker for Day-long

Reckitt Toiletry Products, Reckitt House, Stoneferry Road, Hull HU8 8DD, are using tennis as the theme of their advertising for Day-long this year. Sue Barker, currently rated third woman tennis player in the world, will be linked with the product and featured in a series of advertisements to run in women's magazines from the start of Wimbledon in mid-June through July and August. She will also be wearing the Day-long motif on her tennis and training clothes. Reckitt are confident that interest will be greater than ever in this centenary year for Wimbledon coupled as it is with the Queen's Silver Jubilee.

## Enterprise promotions

The products selected by Branded Goods Wholesale (Stoke-on-Trent) Ltd, Ormonde Street, Fenton, Stoke-on-Trent, for their Enterprise promotions in June include Babettes 20s, Cow & Gate baby meals, Quosh, Odor Eaters, Radox bath salts large, Imperial Leather soap bath, Mum rollettes and refills, Andrex toilet tissues, Crest toothpaste and Casual hair colourant products.

The promotion will be backed by eight spots on Midland ATV and a half page advertisement in the *TV Times* (Midlands edition), which carries coupons showing additional savings on promoted lines. Advertising on two local radio stations, BRMB and Beacon Radio is also being employed during June.

## Bonus offers

Fassett & Johnson Ltd, Dawson Road, Bletchley, Milton Keynes MK1 1JT. Grossmith white rose and cucumber soap, Old Cottage lavender Cologne sticks, White Fir Cologne mist, Lemaires splash Cologne and lavender water, Nestle colour tone, Grossmith true soap and Quickies cleansing pads. Details elsewhere in this issue.

Wellcome Foundation Ltd, Ravens Lane, Berkhamsted, Herts. Calpol suspension, Drapolene cream, Actifed compound linctus, Emprazil, Saxin and Marzine on bonus during June, July and August.



## Hay fever protection that chemists don't sneeze at

Every pocket-pack of 'Histryl' offers your customers rapid relief and sustained protection from hay fever symptoms.

The 'Histryl' seasonal offer:

- \* **Low Outlay** Only £4.00 per outer of 12 charged as 10 (excluding VAT)
- \* **High Profit** Retail price of 65p (including VAT) per pocket-pack means a profit of £3.17½ per outer.

Available from your usual wholesaler.

'Histryl' and 'Spansule' are trademarks

**SK&F**

Smith Kline & French Laboratories Limited,  
Welwyn Garden City, Hertfordshire AL7 1EY.



### Maws and Vitapointe

Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey KT22 7JZ, are planning a national advertising campaign in women's magazines to launch their consumer offer of a free sheet of animal stickers available with the products in the Maws toiletry range. The stickers feature the animal illustrations carried on each product in the repackaged range and a shelf edge dispenser holds 50 sheets. Advertising is appearing in *Woman*, *Woman's Own*, *Woman's Realm*, *Family Circle*, and *Mother*.

The company is also advertising Vitapointe on television in June. The advertisement, which will be seen in the ATV, Trident and Granada areas, ties in with the theme of the Press campaign: "No-one need ever know you have dry hair". Full page advertisements will be seen in *Woman's Own*, *Woman's Realm* and *Woman and Home*.

### Johnson's Jubilee babies

Babies born on Jubilee Day, June 7, are being offered the chance of receiving a commemorative silver spoon from Johnson & Johnson Ltd, Slough, Berks SL1 4EA. All mothers have to do is to get their midwife, nurse or health visitor to nominate them for the spoon. Each spoon will have the baby's birthdate engraved on the handle, and the person who nominates a Jubilee Day baby will also receive a gift from the company.

### Ingredient for dandruff shampoos

A new active ingredient for use in dandruff-inhibiting shampoos and other cosmetic preparations designed to promote healthy scalp and skin, has been developed in Italy and is now available from the Jacobson chemical division of R. S. Stokvis & Sons Ltd, Pool Road, East Molesey, Surrey. Claimed to be more effective than treatments that rely entirely on antimicrobial action, Tiolisina complex 100 reduces the secretion of natural oils from the scalp. In extensive clinical trials carried out at Milan University and elsewhere, no cases of skin irritation or allergy have been reported. Tiolisina complex 100 is a white powder soluble in water, or water-ethanol mixtures, with a pH range between 6 and 8.

### Advantages of being slim

The advertising schedule for personal care products from Sperry Remington Consumer Products, Apex Tower, Malden Road, New Malden, Surrey, includes double page spreads in *She*, *Cosmopolitan*, *Good Housekeeping* and *Living*. The campaign starts in June and will run to the end of December.

The first advertisements carry the heading "Remington demonstrate the advantages of being slim", with the copy talking, not of overweight women and dieting, but about tubby styler-dryers which may be very good at drying but are "not so hot at styling". The Remington styler-dryer, on the other hand says the copy, is "totally different". The circular brush attachment, which has proved to be one of the most popular hairstyling attachments earns special mention because it is the common feature to all Remington styler-dryers, including the brushing styler, Lady Remington hairbrushing set and the Lady Remington vogue set—all of which are covered in the advertising.

### Bingley's bags for the Jubilee

A range of paper and polythene bags and carriers printed with the Union Jack and the Queen's Silver Jubilee crest is being produced by A J Bingley Ltd, Broomhill Road, Brislington, Bristol BS4 5RW. Printed in red and blue on white, the low cost bags are intended for "all manner of high volume retail outlets".

### Mum's 21st birthday

Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Slough S13 6EB, are celebrating the 21st birthday of Mum rollette by offering the product at special prices; the 28cc rollette will be available at £0.27 (instead of £0.43) and the refill for £0.24 (instead of £0.37). These prices mean that Mum will be selling at a lower price during the summer of 1977 than its average selling price in 1976. The company also says that latest figures from TCPI show that Mum's volume share of the market has risen from 14 per cent to 16 per cent.

### Emergency aid competition

For the second year running Johnson & Johnson Ltd, Slough, Berks SL1 4EA, are mounting a nationwide promotion for Band Aid in association with the St John Ambulance brigade to help the British public know what to do in an emergency. The competition will run until the end of June and aims to find the UK's "emergency-aider of the year". It will be carried in ten regional newspapers and in the *TV Times*, and presents a series of questions assessing the contestants' knowledge of first-aid procedures in common household accidents. Last year's Band Aid emergency aid competition attracted thousands of entries and brand manager, Peter Farror said that the company was delighted to be involved for the second year running.

### Personality offers

Richards and Appleby Ltd, Gerrard Place, East Gillibrands, Skelmersdale, Lancs WN8 9SO, are offering a 100g drum talc and an 11cc mini-spray in the Personality fragrance for £0.99, a saving of £0.26 on the two items. For Father's Day Personality Tabac wallets containing talc and aftershave are being offered for £1.15.

### Serious Sunquick drinkers

Dana-Sunquick Ltd, Urley House, Marriot Street, Higher Hillgate, Stockport, Cheshire SK1 3PW, have planned their "heaviest ever" Press advertising campaign for Sun-

quick fruit concentrates. The campaign will run until the end of July with full colour advertisements in major weekly and monthly women's magazines continuing along the lines established during 1976, majoring on the copy line "For serious drinkers" followed by a pictorial and copy description of the product. Sunquick is available in orange, tangerine, lemon, grapefruit and apple flavours and is shrink wrapped in dozens.

### Almay bonanza

During July, Almay (London, New York), 225 Bath Road, Slough SL1 4AU, are offering some of their most popular products in special sizes. The three products, a cleansing lotion, skin tonic and moisture lotion, are from their Deep Mist range which is suitable for all skin types. Each pack will contain more than twice the normal amount and at £1.50 each represents a saving of at least £1 to the consumer says the company.

### Daddy's back

André Philippe Ltd, 71 Gowan Avenue, Fulham, London SW6 6RJ, have relaunched their lot no 11, Daddy Christmas bubble bath (£0.45), which was unobtainable throughout last year.

### Boosting Right Guard

The personal care division of Gillette Industries Ltd, Great West Road, Isleworth, Middlesex, is launching a spring sales drive by adding 25 per cent extra contents free with Right Guard brands. There are now three different products in the range—deodorant, antiperspirant and double protection. The 25 per cent extra free has been flashed on the packs and will be available on both sizes which are usually 130 and 190g. The only exception is the extra large 260g can of antiperspirant which, Gillette say, cannot have any additional product added for technical reasons.

## on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Anadin: All areas

Complan: Lc, So, A, Y, NE

Elastoplast: All except E

Harmony colourant: Y, NE

Harmony hairspray: All areas

Head & Shoulders: Ln, M, So, We, CI

Herbal Sensation: WW, We

Mum rollette: All except E

Norsca: Y

One-cal: All areas

Optrex: So, A

Optone: Lc

Slender: All areas

Sudocrem: Lc

Vitarich: Lv

Wilkinson Sword blades: All areas



*Chemist & Druggist* congratulates Her Majesty, Queen Elizabeth II, on her Silver Jubilee and celebrates the twenty-five years of her reign with a special series of articles.

|                                                                                                                                                                                    |     |
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| The profession in the next twenty-five years. The Presidents of the Pharmaceutical Societies of Great Britain and Northern Ireland look into the future                            | 804 |
| Vivat Regina—and sec art too: Mrs Marion Rawlings reflects on the changes in the profession since she joined the Register in 1952                                                  | 806 |
| Chemists to the Royal Family: The histories and personalities of some of the businesses holding the Royal Warrant                                                                  | 810 |
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# Take a pride in selling — professionally



*A Jubilee message to pharmacy from The Rt Hon David Ennals, MP,  
Secretary of State for Social Services*

"The past 25 years has seen many changes in the practice of pharmacy. Among the most significant must be the growth of proprietary products for dispensing purposes and the redistribution, accompanied by a reduction in numbers, of retail pharmacies. Nevertheless the pharmacy to the majority of the people in the country still means the "chemist's shop". We could describe retail pharmacy as the "shop window of the profession".

Pharmacy as a profession is unique in that it brings together both professional and trading activities. This combination is a great credit to the profession. The *Chemist and Druggist* must take some credit for this. As a major weekly journal for pharmacy it too blends the professional and trading activities in its pages producing a newspaper that is a credit to pharmacy. The outlook of *Chemist and Druggist* must not only reflect the outlook of the profession but must influence the way the profession conducts itself.

Many mourn the passing of the skills of compounding medicines at the dispensary bench. However the highly active substances now prescribed require as much professionalism as the earlier dispensing processes. The growth of NHS dispensing in economic importance to retail pharmacy has led some to look for a role concerned only with dispensing and allied professional matters. I hope that such thoughts do not arise out of shame for being engaged in selling! The success or otherwise of our nation depends on its ability to sell successfully. You should be proud of your ability to sell professionally.

The friendly atmosphere of a retail pharmacy enables many people to obtain informal professional advice on the medicines they purchase in a way that is unique. Uniqueness is a quality that many look for: the friendly atmosphere is no less important.

Another vital sphere in which the pharmacist makes a major contribution is the pharmaceutical industry. During the last 25 years the UK pharmaceutical industry has made an increasingly valuable contribution to the country's health care through the provision of high quality and effective medicines for the NHS, many of which have resulted from the research and development programmes of British companies.

The successful marketing overseas of both established and new drugs has increased export earnings by the UK industry from less than £40m in 1952 to over £450m in 1976. After allowing for inflation this is a remarkable achievement and set against imports of less than a third of these figures constitutes for 1976 a significant balance of over £300m to the benefit of the UK visible trade balance. I can assure you that as Secretary of State I shall continue to support our increasingly fruitful export drive."

A handwritten signature in dark ink, appearing to read "David Ennals", written in a cursive style.

# Pharmacy in the next twenty-five years

The profession of pharmacy has come a long way in the past 25 years—but where will it be going in the next quarter-century? *C&D* asked the presidents of the two UK Pharmaceutical Societies to make some predictions

## 1. The profession's fight for its principles

by J. P. Bannerman, MPS, retiring president of the Pharmaceutical Society of Great Britain

In this Jubilee week I would like to look forward to the developments I hope to see in pharmacy.

First I hope we have all learned the lesson of recent times when it has become obvious that pharmacy must not be afraid to fight for those principles which it believes to be important for the service we give the public and for the future of the profession. Whitehall has become increasingly complex and Ministers burdened evermore with a vast caseload of work. As both Ted Heath and Roland Moyle said to me recently, it is therefore specially important the professions open up and improve upon communications with Ministers and Parliament. We are beginning to see the results of the campaigns we have fought in Parliament and through the media. Having said that, what are the major issues on which I would like to see pharmacy take a positive stance in the future?

My first great hope is to see the community pharmacist developing his role in the same way as our hospital colleagues have done in recent years. Of course I'm not suggesting that we should emulate what they have done because our functions are different. The community pharmacist does not need any new management structure similar to that developed within hospital pharmacy to project and expand his role.

One does not have to stress, although recent events have in fact seemed to make it necessary, that the first and obvious need is to have available a pharmaceutical service. If society, and in its name Government, is not prepared to pay pharmacists enough to ensure a pharmaceutical service which is well distributed and easily available, then Government may have to take the power required to guarantee that the pharmacies which can afford to stay in business are rationally distributed throughout the community. This might require some kind of direction agreed between the Government and the profession.

Organisations in pharmacy are in the main in favour of some measure of planning because we have been forced to face up to the harsh economic facts of life. Increasingly in a highly inflationary situation where the percentage of pharmacies closing annually has sharply increased from 0.07 in 1955 to 2.26 in 1975, this solution is rapidly being forced upon us.

But I cannot stress too strongly, that if we are in fact to achieve any sort of control, the Government will be prepared to concede this only if it is seen to be in the interests of the public. It will certainly never be conceded if it merely seems to be an attempt to featherbed the community pharmacist. The second need for the community pharmacist is for those who

are not already doing so, to improve their lines of communication with the patient.

In rural pharmacies, the public does indeed have excellent contacts with the pharmacist and has come to depend on him or her for advice. But all too often in the cities, the public does not see the pharmacist often enough at his best, showing his professional skills. At the end of the day there is nothing anyone can do to improve the image of the pharmacist if the individual fails to establish himself in the public eye as a professional whose advice is sought in primary health care.

Of course, many pharmacists have produced an excellent counter prescribing system, but this has not always been seen to happen in every pharmacy. It is crucial that the public in the city centres as well as in rural areas, come to realise that the pharmacist is ready, willing and able to give advice. We have perhaps made mistakes in failing to communicate this important part of our professional duty to the students. I would certainly like to see practising pharmacists involved far more in the education of students in this field, because I believe very strongly that only pharmacists who have been involved themselves in counter prescribing, can pass on these vital skills to pharmacists of the future.

### The public's right to know

Finally and on a related issue, pharmacists must do more to satisfy the appetite of the public for information particularly on dispensed medicines. With the increase in television, radio and newspaper stories about medicine, the public's interest is growing daily and we must recognise our responsibility in passing on the information they want. The patient has a right to know the full information about the medicine he is taking. That information starts with comprehensive labelling which must eventually be typewritten.

We must accept that responsibility for giving advice even when it is not specifically sought in cases where it is particularly important for the patient to understand fully the implications of complying with instructions. We have to demonstrate that the person best capable of answering questions about medication, dosage, therapy and previous treatment is the pharmacist. When the public recognise this and realise that the pharmacist is interested in helping him to understand his treatment, then the public will come to depend more and more on the pharmacist for help and guidance. I hope that in the future more and more pharmacists will institute a patient medication record system in order to fulfill this role with greater authority.

To sum up, what I would like to see over the next 25

years is pharmacists establishing once and for all, their proper place in the community as an essential health care team. I am proud of the work we do and the service we give to the community and I would ask every pharmacist to do his/her best to achieve the respect and the position in the community which the pharmacist should have. So it is up to everyone of us to do our bit to project the image within our own pharmacy, within the community and with other professions.



## 2. Hope for 'evolution' in Northern Ireland

by J. Chambers, MPSNI, president of the Pharmaceutical Society of Northern Ireland

The significant changes in the development of the health professions and the plethora of new drugs launched over the past 25 years, were largely the result of the introduction in 1948 of the NHS. The need for this had been pinpointed by the social inequalities made obvious during the second World War. Without such a stimulus in the future, pharmacy in Northern Ireland is likely to develop at a much slower rate; hopefully, evolution rather than revolution will be the way forward.

In trying to foresee our pharmaceutical future, there are two possibilities—either nationalisation of the whole pharmaceutical profession or the spread of community pharmacies rationally to serve the needs of all areas.

Consider first the nationalisation process. Northern Ireland, as a small area, was chosen by officialdom as a testing ground for the introduction of health centres, with the hope that 75 per cent of NI doctors would be practising from these by the early 1980s. These idealistic conditions have been designed principally for the doctors who form the elitist leaders of the health team, and provision for pharmacies within health centres has been an afterthought. Thus proper conditions and safeguards for pharmacists do not exist.

Pharmacists in a given area are being forced either into competition, or combination with each other, leading to animosity, and personality difficulties, whereas the doctors act as individuals in independent units. Between the planning and the realisation stage, escalation of costs and administrative difficulties have led to many doctors opting out at the last minute, leaving frequently huge health centres costing millions of pounds only partially occupied or not at all. Often by this time, the pharmacists are irrevocably committed to going into the centre—with few, if any, doctors in it, an unenviable position to find oneself in!

Such economic pressure could probably lead

eventually to pharmacists becoming salaried employees in the health centres, dispensing medicines bought centrally, from limited ranges of drugs, supplied by a monopoly concern. Research would decline, inhibiting innovation, and the British export trade would suffer.

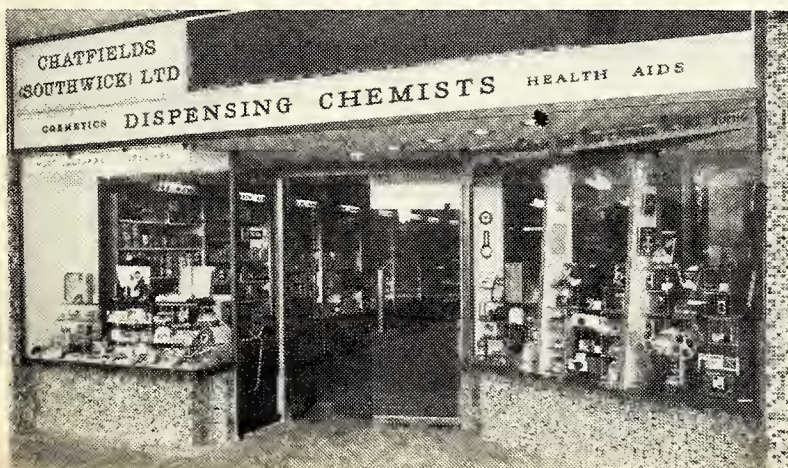
Over 25 years, this nationalised medicine concept could well become more futuristic, with computerisation of diagnosis and treatment. The patients would consult computer terminals with their symptoms, and automatic dispensing of the relevant treatment would result, almost totally eliminating the pharmacist. (The occasional pharmacology expert would be required to select the drugs for the machines!) Must this be the path?

The more optimistic alternative for pharmacy of the future would require limitation of contracts and consequent rational distribution of pharmacies, with rural subsidies where needed. Small health centres, sited with a view to the convenience of the *public* (for whom the NHS was originally intended), with pharmacies in them or near them, should provide an adequate service. Elaborate equipment could be confined to hospitals where patients could be referred for specialised treatment.

The pharmacist would be a front line professional, available to both the public and the doctors for consultation on modern medicines. The specialised training of the pharmacist fits him for the performance of diagnostic tests—pregnancy tests, urine and blood tests, etc—as well as patient registration, responsibility for patient compliance, and for the reporting of side effects of drugs to the Committee on Safety of Medicines.

This would make the best employment of the resources available, both economic and human, thus ensuring the inclusion of *humanity* in the supply of medicine to the public.

*Trends in shopfitting. These two (different) pharmacies were refitted by S. I. Myers Ltd in the fifties when the photographs were taken. Units and counters were becoming shorter, ie down to about 4 ft, for increased flexibility. Wood was in abundance but getting lighter, away from the dark mahoganys. Pharmacists were becoming more colour conscious, particularly with floors for which vinyl tiles were popular. Dispensaries became more open to the public view and as a result more trouble was taken to fit them out attractively. Outside, bronze and stainless steel were the vogue—the predecessors of anodised aluminium.*



# Vivat Regina—and sec. art. too



Mrs Marion Rawlings, BPharm, FPS, ARIC, reflects on her 25 years on the Pharmaceutical Society's Register

The Queen and I began our careers in the same year. I do not know whether her reign commenced as auspiciously as mine but there must surely be differences in our first contacts with the public we were each to serve.

I can see him now, my first customer, all of four years old, satin black skin and liquid brown eyes lifted anxiously to mine across the counter where I stood, white coated and apprehensive. "Mamma says, have you got anything good for bed-bugs?" Alas! What in my precious academic training had qualified me to answer such a request? But, registered and resolute, I shunted up and down the mining valleys which lie behind my Welsh sea-port, Cardiff, like the spokes of a wheel, undertaking locum duties in pharmacies varying from the well-equipped to the frankly horrifying.

I was offered tea and toast, and endless kindness. "Can you manage, bach?" Yes, bach *could* manage, although fresh from the gleaming palaces of industry and hospital, some of those old pharmacies were a bit of a shock. "Light the fire under the boiler in the corner of the dispensary first thing, my dear—it is the only water we have".

But then, the war was a recent memory, and the National Health Service still an innovation. The era of the stick and bucket was still upon us, and the magic was strong—Opodeldoc, Paregoric and Friars balsam, and the ritual incantation: "Your mixture will have to be made up, Mrs Jones".

## First pharmacy

Five years on—my first pharmacy. Ten feet of solid counter, beautiful mahogany fittings, my toothpastes and soaps (and everything else!) nestling coyly behind glass doors. We served the public in those days—we had to, they were quite unable to reach the goods. Pharmacy was folksy, but there was an imperceptible shift of emphasis for me. The dock-land and mining valley had accorded me a little reverence for my learning, whereas in this high class residential area I was "in trade" and condescension showed. Stability was evident, though; operating a stock control system, I ordered the same goods each time a representative waited upon me for "the favour of my esteemed order", as he put it.

Price cutting was considered beneath my dignity, for small independent pharmacies like mine were only just becoming conscious of business techniques. Life was more leisurely, but then, it had to be. Everything was so much more cumbersome and harder to do. Looking back across the years, pre-decimalisation of weights, measures and currency (trau-

matic experiences, all!) what hard work we made of it—or rather, what hard work it could be. Eight ounces of Lassar's paste with *picis carb* on a cold winter's morning, and all those powders, prepared to Doctor X's special formula, individually (and achingly) wrapped. I felt a traitor to my profession when I bought my first Winchester of syrup. My predecessor had always made his own, and the apparatus stood at the ready, mute evidence of his superior techniques and my lack of them. Static, stable, and ever so slightly mystical—the winds of change blew gently at first, and then with ever increasing ferocity.

Fourteen years later, in my new pharmacy, the picture was totally different—modern fittings, open plan, a counter just big enough to hold the till and allow me to wrap a parcel. Everything flexible, mobile, made for easy working, quick turnover, in and out, nothing fixed. Prices fluctuating, buy in a line at a good price and sell it out, but don't repeat it. Locked into pharmaceutical embrace with the wholesaler of my choice, my every want anticipated—once I might see fifteen representatives a day, now two a week would be a rarity. The old formulary mixtures are still there, but fashion dictates a more sophisticated approach. "There's a pill for every ill" might well be the motto now.

The staff and customers are different, too. Human nature doesn't change, but its manifestations do. How long since I have instructed a puzzled sixteen year old assistant in the mysteries of the "gentlemen's drawer"—leading to a wider discussion of those issues which should have been covered by her mother before the daughter embarked on such an erotic career? Staff and customers alike are better educated, better informed, less likely to accept the soothing answer at

face value, but they expect more of the professional. My customers have always considered cleanliness next to godliness—and alcohol superior to it—have been sleepless and constipated, but now they are anxious as well. Patients sitting on rows of chairs, waiting for their prescriptions twenty years ago (go out with a bottle in your hand, say "Mrs Jones?" and watch them all get up!) were more ready to accept their medication like manna from heaven than are today's tense sufferers. And the ladies—echoes of liberation and equality waft and eddy across my counter. Has anyone really assessed the effect of the "pill" on this generation?

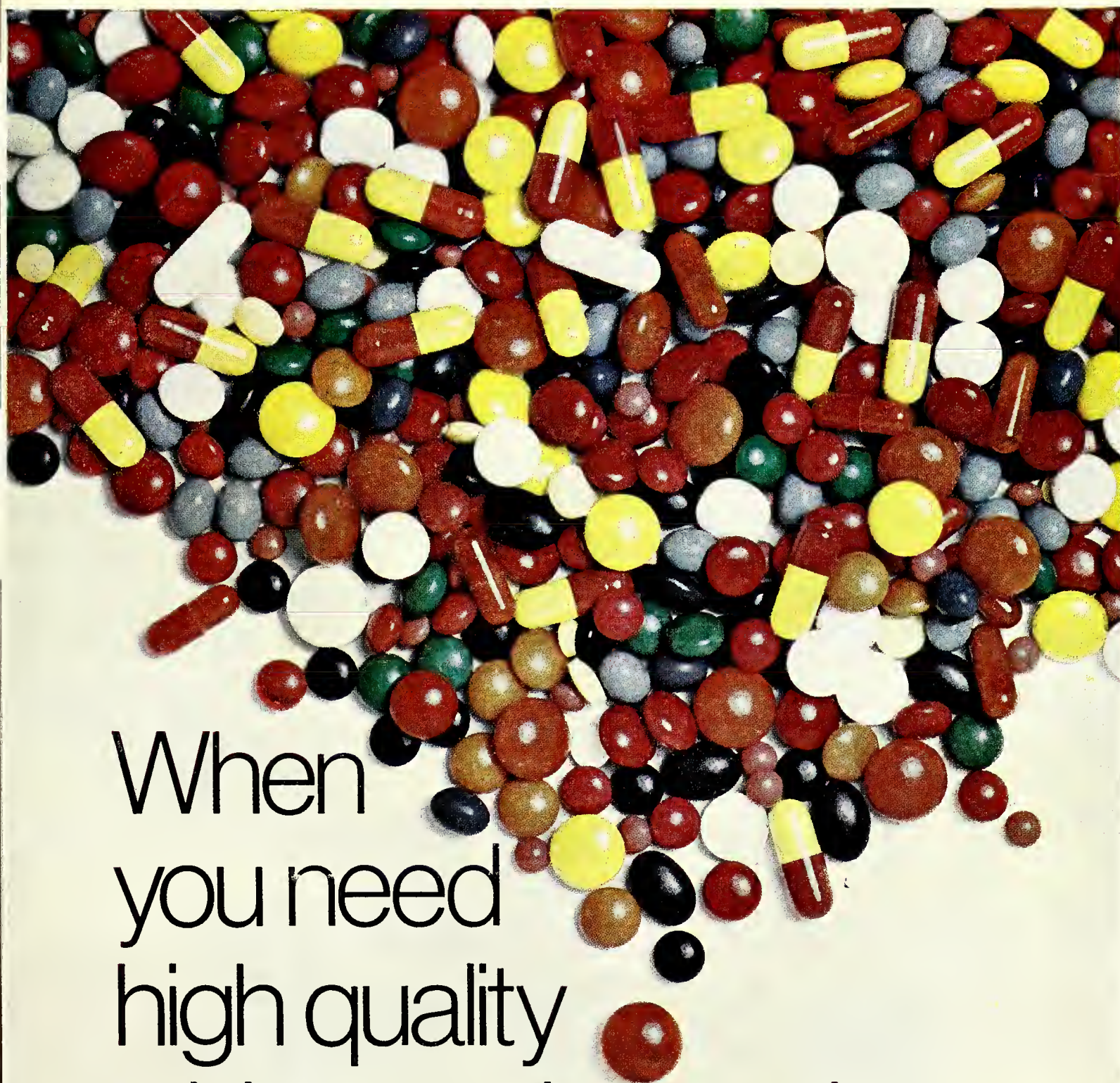
When I began my career in pharmacy, women were in the minority. Whistles and cat-calls greeted my solo entrance into the first lecture of a male oriented course at the Welsh School of Pharmacy, although women were taking other courses in increasing numbers. Even now, at meetings of most of the pharmaceutical committees with which I am involved, I find myself in splendid feminine isolation, and I wonder sometimes for how much longer men will continue to dominate the higher levels of pharmaceutical politics while the number of women on the Register increases annually.

## Which way now?

My crystal ball is a little cloudy, but clear enough for me to see pharmacy standing where I first encountered it so many years ago—at the cross-roads. But any minute now, the decision must be made—which way? For my part, I see not merely a *planned* pharmaceutical service, but a *managed* service. Attractive as it must be to Government to permit the profession to support the provision of pharmaceutical services by its own entrepreneurial efforts, logic dictates that in the end, all will be packaged into one pharmaceutical deal, embracing both hospital and general practice.

Freed from the necessity of making a living by means of which few are adequately trained and for which many have little aptitude, tomorrow's general practice pharmacist must indeed be different. More content? Perhaps. A change to be desired? Well, if we do not progress, we stagnate, and I, for one, would have no regrets. To every age its own—the practice of my profession over 25 years has been a joy to me, with all its changes. Whether the pharmacist of the future is to be the purely scientific practitioner of my expectations, or the commercially minded controller of the "front store", pharmacy will have a richly satisfying way of life to offer. I wish I could start all over again!





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# Chemists to the Royal Family

Many businesses hold the Royal Warrant as suppliers to the Royal Family and their residences, among them a number of pharmacies. *C&D* here looks at the histories of some of the businesses and the pharmacists who have been associated with them

The first Royal Warrant granted to Boots came in 1942, in the name of Sir John Campbell, Baron Trent, to Boots Pure Drug Co Ltd, as "Suppliers of first aid dressings and soap". Following Lord Trent's death it lapsed (being personal to the grantee) but was renewed on July 15, 1955, in the name of the then chairman John Percival Savage, in a somewhat curtailed form as 'suppliers of soap'. On March 27, 1958, however, it was renewed again in John Savage's name as 'suppliers of soap, horticultural and agricultural preparations'. In 1963 (on the retirement of John Savage) it was re-granted in the name of Mr Willoughby Rollo Norman as "chemists, suppliers of horticultural and agricultural preparations" thus recognising for the first time that the company were chemists to Her Majesty.

In 1965 to mark the separate identity of Boots Farm Sales Ltd, the Warrant was, as it were, split in two. Both Warrants were issued in the name of Mr Willoughby Norman—one to Boots Pure Drug Co Ltd, as "chemists" and one to Boots Farm Sales Ltd, as "suppliers of horticultural and agricultural preparations".

Today, the group holds three Warrants. The first, appoints The Boots Co Ltd, "manufacturing chemists" to Her Majesty, the second appoints Boots the Chemists Ltd, as "chemists", the third is the Warrant to Boots Farm Sales Ltd, as "suppliers of horticultural and agricultural preparations".

The display of the Warrant in the case of Boots the Chemists Ltd, is limited to stationery, advertisements and certain designated branches which supply the Royal Household—namely Regent Street, London, King's Lynn (for Sandringham); Windsor; and Union Street, Aberdeen (for Balmoral).

## Dating from 1790

Mr T. Harris took over D. R. Harris & Co Ltd, 29 St James's Street, London SW1, when his father died in 1950. The Royal Warrant was granted in 1932, when Queen Elizabeth the Queen Mother used to live in nearby St James's Square.

The pharmacy dates back to 1790 and still manufactures and sells many traditional lines—a variety of Colognes, almond oil soap, shaving bowls and a mixture of ammonia and bitters which is

claimed to be the original "pick-me-up". An old "prescription" book contains recipes used in 1824. Just prior to the First World War the pharmacy was owned by a relative of the Harris family, Sir Richard Robinson, a former president of the Pharmaceutical Society and Member of Parliament.

## Homoeopathy

A. Nelson and Co Ltd, first held a Royal Warrant to the late Duke of Windsor 1925-36. This was followed by the grant of a Royal Warrant to King George VI, 1940-52, and the present Queen continues the Patronage. HM The Queen Mother was pleased to grant a Royal Warrant in 1959.

The company was founded in 1860 and occupied premises at various addresses in London, and finally moved to specially built premises on the present site at 73 Duke Street, London W1, in 1880. Although the physical appearance of the building has changed little in the ensuing years internal activities have been increasingly concerned with the supply of homoeopathic medicines for professional use, the National Health Service and the general public.

Post-war turnover has increased (allowing for the inevitable inflation) more than ten-fold, and in parallel with this there has been a significant increase in the export market.

The provisions of the Medicines Act are now being met in regard to manufacture, and with the apparent increase of interest in this method of treatment there would seem to be good reason to look confidently to the future.

Nelson and Co believe they are the only pharmacy in Britain, and possibly in the world, devoted entirely to homoeopathic medicine. In 1860 Ernest Louis Ambrecht, member of an old Hanoverian family, started business in Ryder Street, St James. On his death his son took over the business in 1912, and changed the name to Nelson, his wife's maiden name, during the first world war.

There are now two pharmacists, Mr J. B. L. Ainsworth, managing director and Mr J. C. Pert, assisted by a staff of about 50. They handle about 250 private scripts a day together with about 60 to 70 callers a day. There are also about 400 NHS scripts a month, together with about 1,000 NHS packs to other pharmacists. Alto-



gether, Nelsons supply about 400 other pharmacies with homoeopathic products.

## Wine

Wine is the speciality of C. J. Reid (Eton), 30 High Street, Eton, Berks. Mr R. F. Scarborough, the present holder of the Royal Warrant, bought the pharmacy in February 1970 and built up a wine business as a side line because he found it a "fascinating subject". In his spare time Mr Scarborough lectures on wines and holds wine-tasting events.

The warrant was first granted in 1960 when the pharmacy belonged to the late Mr J. Roberts, as the Royal Family had prescriptions dispensed there when they were staying at nearby Windsor Castle. Last year the pharmacy celebrated its 150 years and the building itself dates back to about 1680.

## Four Warrants

It was Thomas Paytherus, an apothecary of Cheltenham, who first began trading as Paytherus & Co at 136 (later re-numbered 143) New Bond Street, W1, in late 1794. Paytherus had apparently been influenced and stimulated by his association in Cheltenham with a group of young and progressive surgeons and apothecaries and the shop in this newly fashionable area of London was soon successful. Paytherus purchased the lease of the premises within five years and in 1806 accepted two partners into the business, Thomas Savory, then aged 30 and Thomas Moore, aged 33.

By the mid 19th century, the firm now trading as Savory & Moore (Paytherus having retired), was already counting Royalty amongst its customers. The Duke of Wellington, too, was known to have sent the occasional hand written note for a supply of his favourite remedies. The war in the Crimea, finally having reached the notice of the general public, provided considerable business for Savory & Moore in the supply of ointments and dressings.

In 1928 came the amalgamation with John Bell & Croyden and in 1933 with William Martindale. By now the manufacturing side of the company was too extensive for the Bruton Mews site behind Bond Street and it was transferred to Tottenham.

Another association was formed in

1950 with the acquisition of Squires of Oxford Street, who were also designated Chemists to the Royal Family. From the formula used by Squires to prepare the Coronation anointing oil for Queen Victoria, Edward VII, George V and George VI, Savory & Moore were proud to supply the oil for the Coronation of Her Majesty Elizabeth II in 1953.

For most of its history, Savory & Moore has held the Royal Appointment to at least one member of the Royal Family, often more. In 1955 it had the honour of holding all four Royal Warrants simultaneously, being appointed to Her Majesty the Queen, the Duke of Edinburgh, the Queen Mother and Queen Mary—the only company in England so to do.

In 1967 Savory & Moore amalgamated with Macarthy's, Romford, a company of similar historic origins. During the past ten years the new company, more diverse but soundly based for today's competitive trading environment, has continued to preserve a distinctive image. Savory & Moore now has 63 branches throughout the South-east of England.

## Independent again

Woods Pharmacy, High Street, Windsor, was founded in 1770, the year Captain Cook discovered Australia and the year of Beethoven's birth. George III was king and Mr Pickering, who founded the business, supplied the Royal Household for the next 40 years. The next owner was a Mr Dean who again ran the business for approximately 40 years, to be followed by Weller and Leigh who sold the business to Robert Wood in 1880. Another Mr Pickering, who qualified in 1904, came as manager for Mr Wood in that year and stayed until 1911 when he became Hertfordshire county analyst and later manager of a pharmacy in Harrogate, where the majority of the spa patients were looked after. The second Mr Pickering returned to Windsor at the invitation of Mr Wood (who then retired) and stayed for 40 years, opening a Slough branch.

In 1959, the Arnold M. Gee group bought the shop which in turn was taken over by the Weston group in 1968. In 1970 the business was returned to private ownership when it was bought by Roger Knowles, who remained as a director of the company when the present management, under Mr Umakant Patel, assumed control in June 1974.

The Royal Warrant is not automatically transferred when a business changes hands, but apart from the short period between 1959 and 1970, Woods has held the Royal Warrant continually since

*Some pharmacies holding the Royal Warrant have retained their charm and character in the face of modern styling. Shown here is Woods Pharmacy at Windsor, from which premises the Royal Coat of Arms shown opposite is also taken*



Queen Victoria instituted the honour. Prescription records going back to 1855 are still in existence and there is also a considerable collection of pharmaceutical antiques and apparatus at the premises.

## Records kept

Allen & Neale (Chemists) Ltd, Kings Lynn, have been Royal Warrant Holders since King Edward VIII when Prince of Wales made Sandringham his residence. There were excellent records of various supplies and recipes to the farms, kennels, game, and House, in the days when supplies were collected on horseback; these records, along with prescription books showing items for royalty both English and foreign, have been placed in the care of the museum.

The earliest known record of the business at 55 High Street, was well into the 18th century when it was owned by Bayes & Company, subsequently changing in partnership and ownership to Bayes & Willis, Allen & Willis, H. W. Allen & Company to Allen & Neale about a century ago. Mr F. C. Bently, MPS, joined Allen & Neale after the 1939-45 war to become managing director. The old premises were demolished in 1930 and used to be a rendezvous on market-days with the local gentry and farmers sampling the company's own brands of cigars and cigarettes (regardless of tar content) and giving their seasonal orders for personal and farm requirements.

The present pharmaceutical personnel, besides Mr Bentley are Allen R. Edmonds, MPS (who has also been a director for 10 years) and Raymond J. Baker, BPharm, MPS.

## Perfumers

F. G. de Faye Ltd, 21 David Place, St Helier, Jersey, Channel Islands, was founded by Mr F. G. de Faye, MPS, grandfather of the present owner, in 1870. In the reign of King Edward VII, he was granted Royal Warrants by Princess Christian of Schleswig Holstein, and by Queen Alexandra. Then again in the reign of King George V, a further Warrant was granted by Queen Mary. The Warrant is held as "perfumers".

On the death of the grandfather in 1931, control was assumed by his son, Mr C. B. de Faye, MPS; he died in 1975 when the control of the business passed the hands of Mr R. C. de Faye, MPS.

Three Royal Coats of Arms have always been prominently displayed outside the premises—including during the German occupation of Jersey from 1940-45.



## A revolution in drug therapy

A selection from the many new drugs introduced to the UK market during the past 25 years which have marked an advance in therapy

- |             |                                                                |
|-------------|----------------------------------------------------------------|
| <b>1952</b> | Isoniazid                                                      |
|             | Primidone                                                      |
|             | Pyrimethamine                                                  |
| <b>1953</b> | Hydrallazine                                                   |
| <b>1954</b> | Acetazolamide                                                  |
|             | Chlorpromazine                                                 |
|             | Erythromycin                                                   |
| <b>1955</b> | Hydrocortisone preparations                                    |
|             | Nitrofurantoin                                                 |
|             | Orphenadrine                                                   |
|             | Tetracycline                                                   |
| <b>1956</b> | Freeze dried BCG vaccine                                       |
| <b>1957</b> | Cycloserine                                                    |
| <b>1958</b> | Chlorothiazide                                                 |
|             | Iproniazid                                                     |
|             | Paracetamol                                                    |
| <b>1959</b> | Imipramine                                                     |
|             | Phenethicillin (commercial production of penicillin "nucleus") |
| <b>1960</b> | Chlordiazepoxide                                               |
|             | Guanethidine                                                   |
|             | Metronidazole                                                  |
|             | Phenelzine                                                     |
|             | Spironolactone                                                 |
| <b>1961</b> | Amitriptyline                                                  |
|             | Ampicillin                                                     |
|             | Betamethasone (oral)                                           |
|             | Oral contraceptives (Conovid)                                  |
| <b>1962</b> | Carbenoxolone                                                  |
|             | Fluocinolone acetonide                                         |
|             | Methyldopa                                                     |
| <b>1963</b> | Betamethasone valerate                                         |
|             | Clofibrate                                                     |
|             | Fruzemide                                                      |
|             | Idoxuridine                                                    |
|             | Mefenamic acid                                                 |
| <b>1964</b> | Indomethacin                                                   |
| <b>1965</b> | Propranolol                                                    |
| <b>1966</b> | Diazepam                                                       |
| <b>1968</b> | Cotrimoxazole                                                  |
|             | Sodium cromoglycate                                            |
|             | Cephalosporins                                                 |
| <b>1969</b> | Ibuprofen                                                      |
|             | Salubutamol                                                    |
| <b>1970</b> | Amiloride                                                      |
|             | Levodopa                                                       |
| <b>1971</b> | Clonidine                                                      |
| <b>1972</b> | Beclomethasone aerosol                                         |
|             | Prostaglandins                                                 |
| <b>1973</b> | Naproxen                                                       |
| <b>1976</b> | Bromocriptine                                                  |
|             | Cimetidine                                                     |
|             | Mexiletine                                                     |
| <b>1977</b> | Progesterone uterine therapeutic system                        |

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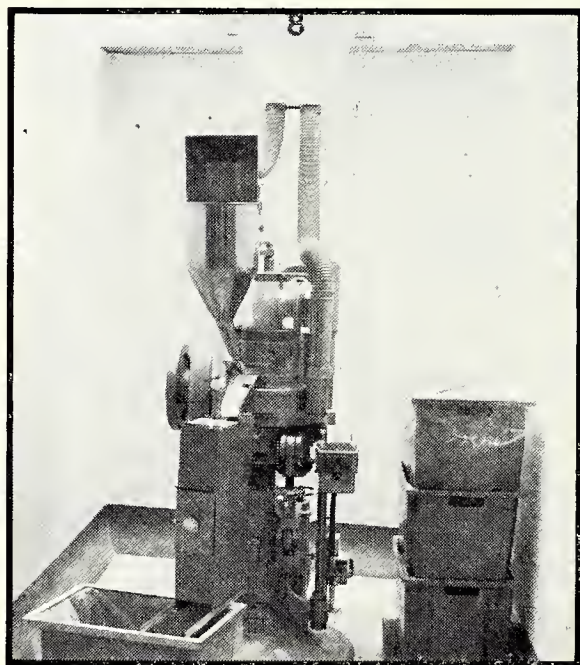
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# Drug exporting in retrospect



by J. M. Kirkness, MBERD, MA, MEx, formerly manager, overseas and veterinary services, Association of the British Pharmaceutical Industry

At the ABPI annual dinner in 1952, one of the principal guest speakers, Dr Ffrangcon Roberts (author of a much discussed analysis of the National Health Service, "The Cost of Health"), compared the simple medical service of fifty years ago with pharmaceutical progress.

Time has moved on since the industry had its own export journal "The Export Review of the British Drug and Chemical Industries" (then a sister publication of *C&D*) and perhaps in "Silver Jubilee Year", which is also "Export Year", it would be appropriate in this short survey to look back to the ABPI annual report of 1952 and compare it with today.

The main items on the agenda for the annual meeting that year were "public relations—the functions, aims and achievements of the industry" (a subject still very much in the forefront), and the approval, not without some considerable opposition, of a productivity report of an ABPI team taking part in the Anglo-American Council on Productivity. This included the recommendation "that liquid galenicals and pharmaceutical chemicals should be sold in metric weights and measures (the liquids by volume)". It seems strange today that there were objections, although it was reported by ABPI that overseas purchasing authorities, including the Crown Agents, accepted these proposals without demur. ABPI was also much concerned with the principle of issuing lists of so-called equivalents or near equivalents by the Ministry of Health and of difficulties which might arise if home prices of products with a large export turnover were published in journals going overseas.

## Difficult war times

An export group of the Wholesale Drug Trade Association (WDTA), the ABPI's predecessor, had been formed in 1930, and its work was taken over in 1940 after the outbreak of war by HM Government launching the Pharmaceutical Export Group (PEG) to keep in touch with overseas buyers and promote any export trade possible during those difficult times. PEG was held responsible during the War and in the aftermath, for allocation to exporters of a variety of materials in short supply needed for manufacture and packaging, ranging from honey, sugar, glucose and starch to wood-wool and timber. Indeed, in the 1950s when rationing was still in force, one of my tasks was to make regular returns to the Ministry of Food for additional sugar and glucose for firms manufacturing exported goods.

Export licensing control persisted until 1952 at least, and applied to many other



commodities including iron, mercury, witchhazel and other botanical drugs of "dollar" origin. The Board of Trade tended to be rather obtuse in those days and I can remember a member's shipment of an iron tonic being queried on account of its "iron" content; life was made difficult, too, for exporters of mercury compounds—even calomel and mercurial diuretics such as mersalyl.

Looking back to an earlier Silver Jubilee in 1935, the WDTA's export group met three times that year and discussed a variety of subjects including the registration of trade marks and patents in Palestine; the declaration of country of origin in Dominion (now Commonwealth) markets; the restriction of credit terms to China; the assessment of duty on *spirit aether nit* in Ireland where the Authorities wanted to assess it by volume rather than by weight (the WDTA won its point); labelling of medicines in India; also overseas agencies. This is a familiar pattern of subjects under a slightly different guise today, forty years later.

In late 1949 PEG felt "an urge to merge" with ABPI to develop and implement a uniform policy, taking account of home and export trade also because the membership of both organisations was largely common. PEG and ABPI were both housed in the BMA building in Tavistock Square. My PEG predecessor had died eight months earlier in office without a successor being appointed. The Proprietary Remedies Export Group, another war-time creation like PEG, was similarly absorbed by the Proprietary Association of Great Britain.

The inaugural meeting of the ABPI export division was held in November 1949 when the problem of increasing exports to "dollar" countries was mooted, in par-

ticular to Canada, and this was a priority for the next three years due largely to the exhortations from HM Government and the Dollar Exports Board. The Canadian Government took a tough line with its interpretation of dumping duties, as did the US Government with the "American Selling Price Law" which has continued to be raised at GATT meetings over the years. Even so our exports to Canada in 1950 at £528,000 doubled those in 1949—but are small beer to the figure of £13.2m in 1976.

According to the ABPI annual report, the Export Executive (now styled the Standing Committee on Exports) held seven meetings in 1952 (it still meets about seven times a year) and had a special session at the Ministry of Health when the ramifications of bilateral trade agreements and the effects of third party and barter agreements were considered with Government officials. At that time trade with Europe and with Soviet-bloc (now COMECON) countries was bedevilled by the listing of specific quotas for essentials in these agreements. Estimates were provided to ABPI by members looking into the crystal ball and forecasting what they "might" be able to sell in these markets, the figures then being collated and sent to the Ministry to cut down to size as sterling was sometimes short and other commodities had also to be considered. ABPI contended that the Board of Trade failed to ensure that the foreign governments, especially the USSR and Spain, honoured their quotas. When trading with Greece and Turkey, firms took part payment (say 40 per cent) in cash and bartered for hazelnuts, dried fruit or tobacco for the balance. The bilateral agreements have disappeared, but I am not sure how much third-party barter still exists today.

## Crown Agent's tenders

Conditions in tenders issued by the Crown Agents were a matter of concern too, also the grievance felt by members of offers in Crown Agents' indents to their principals of unlicensed pharmaceutical preparations as alternatives to those covered by trademarks and patents in the territories concerned. This complaint is still current. The Crown Agents have of course since changed their title from "for the Colonies" to "for Overseas Governments and Administration."

Price control overseas was also rearing its head and ABPI faced this for specialities in Belgium and also for all drugs and medicines in Egypt that year.

*Continued on p816*

# Exporting drugs over 25 years

*Continued from p815*

Price control is still a problem in Belgium but ABPI is very conscious of the inadequate prices obtained for its exported products which are more often than not related to the low domestic prices in the UK. Although inflation has affected costs of production, only in a few cases has the industry been able to match these price increases and in the Middle East the authorities have obstinately refused to grant any revision, in one case for over ten years.

An analysis of UK pharmaceutical exports showed that in 1976 about 65.8 per cent of the total (£298m out of £453m) was to countries taking UK prices into account when calculating an allowed import price. Conversely, Swiss and German competitors have the ability to introduce products at the right price into their home markets.

An ABPI deputation met Board of Trade officials in September 1952 to consider the procedure for licensing exports of antibiotics, antimalarials, also sulphonamides (later control was extended to emetine and bismuth preparations) to Hong Kong. The onset of the Korean War in June 1950 had brought increased trade with the Far East and other countries fearful of being cut off from their established suppliers in the West; but where the UK, USA, Australia and New Zealand applied strategic control to these pharmaceuticals, other European countries did not do so and profited accordingly—until NATO took firm action. A consignment to China direct, or through Hong Kong, required enormous documentation—as much as 500 pieces of paper.

## Pooling of resources

ABPI also noted with some misgivings a proposal made by the French Minister of Health in September 1952 that there should be a pooling of medical resources, a "white pool" or European Health Community, involving the planning direction by a technical committee for pharmaceutical manufacture giving a monopoly production in particular member countries. The French and Swiss industries also lacked enthusiasm for this project and at a meeting in Paris in December the British Minister declined to join any organisation involving a supranational authority of this nature.

Twenty-five years later we are full members of the European Economic Community with a responsibility to study the numerous Draft Directives churned out from Brussels for the control of medicines, both human and veterinary, not forgetting medicated animal feeding stuffs. The first Directive affecting the industry was adopted by the EEC Council of Ministers in January 1965, but it took

until May 1975 before the second Directive on "norms and protocols" was approved. Others on product liability, colouring matters, and veterinary medicines are still in the pipeline. However we do not appear to be subjected as yet to the proposal for controlled manufacture as suggested by M. Ribeyre, the French Minister of Health in 1952.

Maybe some success in coping with EEC affairs is due to the close liaison now existing with other overseas trade associations. This liaison was slight in 1952 when there was a proposal, also emanating from Paris, that an international trade association be formed to further commercial as distinct from professional pharmaceutical interests. Seven years later two associations were formed, GIIP (representing the EEC countries) and PIA (the European Free Trade Area) and they met first together in Paris with an inaugural luncheon on a very hot day in the Bois de Boulogne on June 23, 1959. At a private reception that evening there was no plain drinking water available and the three British delegates, of whom I was one, had to dilute their orange juice with champagne!

Their respective working parties on legislation, dealing with registration and Draft EEC Directives—social security, industrial property; economic matters, the classification and distribution of medicines, and later veterinary medicines—were very closely linked. PIA was successful in bringing about the mutual acceptance of manufacturing standards in the European Free Trade Area, issuing surveys on legislation for human and veterinary medicines as well as in providing evidence for the Draft Convention on European Patent Law. In all of these ABPI took a leading part.

For four years from 1960 to 1964, ABPI and PAGB representatives, together with their counterparts from GIIP and PIA attended meetings in Paris of the Organisation of Economic Co-operation and Development (OECD) and met Government officials on level terms (something not then possible at WHO meetings although it is now) to discuss trade barriers to pharmaceutical trade and the question of harmonising legislation; OECD also drew up an advertising code. ABPI perforce had to leave PIA at the end of 1972 when Great Britain acceded to the EEC, and then became a member of GIIP. There is now a proposal to form a European federation.



The suggestion to set up an international association made by the French in 1952 was finally implemented in 1968 when the International Federation of Pharmaceutical Manufacturers' Associations was formed to exchange information on an international level. It is now drawing its membership from North and South America, Asia, as well as Europe and other parts of the world.

ABPI set up a Committee in September 1952 with the following terms of reference: "To consider the advantages and disadvantages of the control of proprietary remedies at home and abroad, and to make suggestions for the betterment of any scheme which might be introduced into this country." The question of some form of international control had been raised by the Pharmaceutical Society in 1947 and more particularly at a Congress of the International Pharmaceutical Federation in Amsterdam two years later and in Rome in 1951. WHO also became involved in 1952-53 and allowed an industrial observer to attend a meeting.

## Concern over regulations

When I joined ABPI at the beginning of 1950 the many new regulations appearing overseas were causing members considerable concern. The number of countries involved then was about 40 but it had risen to 69 by 1965 when the problems were debated at length at a well-attended pharmaceutical workshop organised by ABPI and PAGB. The figure is now well over 100 and increasing daily with every small country becoming independent introducing its own health registration procedure. A very important review by an expert study group of IFPMA on product registration requirements throughout the world was completed in 1976; IFPMA also collaborated

*Continued on p818*

## Chief markets for UK pharmaceutical exports (£m)

| 1952            | 1974             | 1975              | 1976              |
|-----------------|------------------|-------------------|-------------------|
| India           | 3.2 Belgium      | 19.6 Nigeria      | 25.6 Nigeria      |
| Pakistan        | 2.0 Rep. of      | Rep. of           | Ireland           |
| British West    | Ireland          | 18.7 Ireland      | 20.5 West Germany |
| Africa          | 1.8 West Germany | 14.7 Italy        | 18.9 Sweden       |
| Australia       | 1.8 Nigeria      | 14.1 West Germany | 17.9 U.S.A.       |
| Hong Kong       | 1.6 U.S.A.       | 13.9 U.S.A.       | 16.9 Italy        |
| South Africa    | 1.6 Japan        | 13.0 Sweden       | 16.6 Japan        |
| Malaya          | 1.2 Sweden       | 12.9 Belgium      | 15.9 Belgium      |
| Egypt           | 1.1 Australia    | 11.6 Japan        | 14.4 France       |
| Rep. of Ireland | 1.1 Italy        | 11.6 Iran         | 12.5 Switzerland  |
| New Zealand     | 1.1 France       | 10.0 France       | 12.5 Iran         |
| Burma           | 0.5 Switzerland  | 9.9 Switzerland   | 12.4 EEC          |
| Brazil          | 0.5 EEC          | 87.1 EEC          | 100.7 OPEC        |
| All markets     | 33.7             | 301.6             | 372.9             |
|                 |                  |                   | 452.5             |



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## Exporting drugs over 25 years

*Continued from p816*

with WHO in holding a symposium on quality control and other pharmaceutical requirements in Nairobi in July 1975 for African Government officials. This question of overseas product registration is one where there is exceptional activity at present and most exporting members of ABPI have staff experts in this field, as does ABPI.

There was no veterinary division in ABPI during 1952, although the suggestion was made for regular meetings to be held with representatives of the Royal College of Veterinary Surgeons, the British Veterinary Association and the Pharmaceutical Society to establish a system of consultation on veterinary products when opinions could be ventilated. A separate veterinary division was instituted shortly afterwards and one of its first tasks was to organise the preparation of overseas market reports for veterinary medicines.

### **Difficulties overseas**

The industry was faced with increasing difficulties in overseas markets in 1952 and 1953. Import licensing restrictions were imposed in Australia and owing to a shortage of sterling, Egypt, then a main market, limited its imports of drugs. The effect of the stockpiling mentioned earlier, due to the Korean War, was beginning to be felt; a market of £1m to Brazil disappeared almost overnight. There was also a drop in world prices—something almost unknown today—and a tendency to export bulk material instead of finished products under brand names on which UK manufacturers had built up their reputations. In effect the years 1952 and 1953 showed a drop in exports from the 1951 and 1954 figures. So far this is the only time that this has happened for pharmaceutical exports from UK, at least since the War. Our chief markets today are the sophisticated European markets, Nigeria, Japan, USA and Iran and the Commonwealth territories.

Local manufacture overseas was springing up everywhere, particularly in the Commonwealth markets—India, Pakistan, Australia, formerly dependent on the West for their medicines were now looking for self-sufficiency. India, UK's principal market, set up a Pharmaceutical Inquiry Committee to study the possibility of local manufacture and sought help in doing so during the next few years from Europe, USA and USSR. British manufacturers in Bombay were to be joined by their counterparts from USA, Western Germany and Switzerland just as the latter became established in an increasing number in the UK in the early 1950s and joined ABPI. These multinational companies helped to swell our export

figures and in this Jubilee year they account for 40 per cent of our pharmaceutical exports.

There are now few large manufacturers who do not manufacture or formulate in some part of the world, either through the medium of local subsidiaries; through some form of participation in a State factory (as originally in Burma, or now in Iran or Iraq), or by close collaboration with a local factory. There may be particular inducements to do so where tax-free holidays are available, cheap labour and protective duties. Meanwhile the United Nations and WHO have set out to help under-developed countries manufacture essential medicines and ABPI on occasion and where requested, has provided HM Government with the names of suitable experts prepared to act as advisers for UNIDO projects.

In the past ten years Government has provided considerable material help to the industry by financial aid to mount medical exhibitions (Helsinki, Kuwait and Libya) and also veterinary displays overseas (World and European Veterinary Congresses), as well as sponsoring inward and outward missions. Sterling was short in 1952 and the visit of members' executives to the territories for which they were responsible were not so commonplace as today and were rarely possible for ABPI staff.

This has all changed and there has recently been a great number of useful visits by ABPI staff members, and more particularly by Government-sponsored ABPI missions, fact-finding and providing

### **UK pharmaceutical exports**

|                               |         |          |         |
|-------------------------------|---------|----------|---------|
| 1938 ...                      | £3.3m   | 1953 ... | £32.5m  |
| 1945 ...                      | £6.4m   | 1954 ... | £36.0m  |
| 1950 ...                      | £24.9m  | 1974 ... | £301.6m |
| 1951 ...                      | £36.7m  | 1975 ... | £372.9m |
| 1952 ...                      | £33.7m  | 1976 ... | £452.5m |
| 1977 (first quarter to March) | £124.8m |          |         |

valuable reports on their return home. They have been to the Middle East twice, Latin America, Japan, West and North Africa and there have also been inward missions from Japan, Nigeria, Israel, Hungary as well as USSR and China. The Chinese authorities issued a return invitation the following year which was accepted by the president, Mr S. M. Peretz, who was accompanied by Lord Wells-Pestell, Government spokesman on health affairs in the House of Lords, other officials and by the representatives of eleven members in a visit taking place in November 1975.

ABPI still manages to provide a fully comprehensive service to its export members, some of whom are regular Queens Award for Export winners, and perhaps the export service is even better than it was 25 years ago as there are more staff to deal with the multifarious problems. ABPI has also had its first export training course for members this year.

Only two years ago pharmaceutical exports exceeded £300m for the first time and the balance of payments surplus was £200m. In 1976 these figures were £453m and £313m respectively. We are well on the way to achieving our aim £500m in this Silver Jubilee and Export Year.

# Queen's Award successes



The Queen's Award to Industry was instituted by Royal Warrant in 1965 and a total of 1,184 awards have been granted since the scheme began in 1966.

The name was changed in 1975 to the Queen's Awards for Export and Technology, with separate Awards for outstanding achievement in each field. The Awards are made by the Queen on the advice of the Prime Minister, assisted by an advisory committee. Unlike personal honours, the Awards are given to the industrial unit as a whole—management and employees working as a team. The recipients are entitled to fly the Award flag and display the emblem on letter-headings, advertising, packaging of goods produced in this country, on the goods themselves and on articles such as lapel badges used by employees.

An Award is held for five years, after which the holder can apply for a further Award for a new outstanding achievement. Export achievement is defined as "a substantial and sustained increase in export earnings to a level which is outstanding for the products or services concerned and for the size of the applicant unit's operations".

Technological achievement is defined as "a significant advance, leading to increased efficiency, in the application of technology to a production or development process in British industry or the production for sale of goods which incorporate new and advanced technological qualities".

In the following paragraphs, we detail the achievements of some of the Award winners associated with pharmacy.

## Bronchodilator

In 1973 the Queen's Award was conferred upon Allen & Hanburys Ltd in recognition of achievement in technological innovation in the discovery and development of the bronchodilator drug salbutamol (marketed in the UK as Ventolin preparations in the form of inhaler, tablets, Spandets, syrup and respirator solution). The work which led to its discovery started in 1964, since the bronchodilators then available, eg isoprenaline, were far from perfect.

The object was to develop an improved bronchodilator which acted by selective stimulation of beta-adrenoreceptors in the lungs only and which caused no cardiovascular side effects and, ideally, had a long duration of action as well. Many new compounds were exhaustively screened for activity, toxicity and selectivity in their action, both on bronchial muscle and cardiac muscle, and salbutamol was found to be the most suitable of those investigated.

Two years later a second Queen's

Award was won by A&H, the award being to Allen & Hanbury's Research Ltd for the development of the Becotide inhaler for the treatment of asthma. The problem of serious side effects from the steroids used to control inflammation in the lungs was solved by delivering beclomethasone dipropionate, an anti-inflammatory steroid drug not previously used to treat asthma, straight to the lungs where it controls the inflammation without the side effects usually associated with steroids.

## Penicillin compounds

In the past 25 years the Beecham Group has grown from a middle-sized company manufacturing a wide range of consumer products including Lucozade, Macleans toothpaste, Beecham's Powders, Phensic and Germolene, into a major international organisation with perhaps the fastest-growing "ethicals" pharmaceutical business in the world.

During this period it has won the Queen's Award to Industry for its export achievements and for technological innovation—the discovery of the penicillin nucleus and the invention of semi-synthetic penicillins. This major breakthrough by scientists working at the Beecham Chemotherapeutic Research Centre, Brockham Park, Surrey, enabled a new generation of antibiotics to be produced with a wide range of therapeutic activity.

Semi-synthetic penicillins are now being made which are effective against many bacterial organisms, some of them usually lethal, which were beyond the reach of the original penicillins. This development has been acclaimed as one of the most significant post-war British pharmaceutical innovations.

Looking at Beecham today it is perhaps hard to imagine that 30 years ago it did not have an "ethicals" business at all, and as recently as 15 years ago the business was still in its infancy.

Beecham prescription medicines and its growing range of consumer products are now sold in more than 160 countries and exports have increased from less than £9m in 1967 to more than £48m today. Worldwide sales during the same period have increased from £115.5m to £720.8m, with more than 80 per cent of the Group's profits now being earned in overseas markets.

With the growth of a large pharmaceutical business based almost entirely on the success of the Group's own research efforts, Beecham has now expanded from its traditional base in proprietary medicines, toiletries and food and drink products.

What began as a one-man business in the middle of the last century selling over-the-counter medicines has been transformed into a British-owned international company with more than 200 products in its range, with factories in more than 20 countries and with more than 31,000 employees around the world.

## Alcohol distillers

James Burrough Ltd, well known to pharmacists as suppliers of a range of aliphatic alcohols, have received four Queen's Awards, the last in 1976, for export achievement, the product concerned having a rather wider appeal—Beefeater gin. Over the past ten years the company has accounted for nearly half the exports of gin from the UK, with the USA by far the largest single market. There are 17 stills in the Beefeater distillery, ranging from 500 to 4,000 gall, and the oldest dating back to 1898.

Among the company's more mundane products are methanol, isopropyl alcohol, amyl alcohol, and a variety of grades of ethyl alcohol designed to meet British and international specifications and pharmacopoeias.

*Continued on p823*

Mr E. B Ward, (left) chairman, and Mr Peter Barrett, director of Sorex, raise the Queen's Award flag (see p826)



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Reference: 1 Weg, MH (1965) Journal New Jersey Dental Society 37,169 Further information is available from Lloyds Pharmaceuticals Ltd., Reckitt & Colman Pharmaceutical Division, Hull.

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# Queen's Award

Continued from p819

## Babycare exports

Cannon Rubber Ltd (formerly Cannon Rubber Manufacturers Ltd) have won two Queen's Awards, one in 1966 the other in 1971. On both occasions the awards were given for export achievements and all divisions of the company contributed to the export turnover achieved.

Certainly, the Babysafe products, including polycarbonate feeding bottles, sterilising units, teats, soothers, teething rings and many other baby articles, were responsible for a very large increase of export orders to over 100 countries. Considerable expansion in production has taken place in the past five years and Cannon now state that they are the leading European manufacturer of feeding bottles and teats. Most chemists will also be aware of Cannon hot water bottles and here again they have increased both production and stock-holding to offer a fast and competitive service on this still popular but seasonal line.

Cannon Rubber was founded by the late Mr David Atkin in 1936. Its first factory in Welbourne Road, Tottenham, produced hot water bottles which were sold in the UK to chemists and hardware stores. During the Second World War the company manufactured items for government contract, and about 1940 started to produce rubber moulded teats. Cannon now have two factories in Tottenham, one producing rubber resin shoe soling, the other producing rubber mats, teats, housewares, etc. Also, in 1971, a third factory and warehouse was purchased in Glemsford, Suffolk where the plastic division is now located.

With factories in Singapore and Germany, and with an excess of 70 per cent of production being exported, Cannon can describe themselves as a truly international company. Further expansion is now in progress, and new products are currently being developed. A new, one-piece, all-rubber soother, made to British Standard is about to be launched.

## Sutures and ligatures

Manufacturers of surgical sutures and ligatures since 1947, Ethicon Ltd obtained their first Queen's Award for export achievement in 1966, coupled with one for technological innovation for their pioneering work in the use of cobalt-60 for sterilisation. Since then their ever-increasing efforts have been applied to exports which more than doubled from 1967 to 1970, when the company received its second Queen's Award for export achievement, followed by a third in 1975. By the end of 1976 exports were ten times the 1967 level, and a fourth award was received in 1977.

The range of products has increased substantially over the years and the com-

pany has diversified into biological products involved in the broader field of wound healing. Design of the primary products and packaging, as well as improving production efficiency, has resulted in products ideally suited for air freight. Over 80 per cent of exports were air freighted in 1976.

## Sodium cromoglycate

Twenty-five years ago Genatosan Ltd, the predecessor of Fison Limited pharmaceutical division, was a small company engaged primarily in the manufacture and sale of proprietary medicines. It was not until 1964 that Fisons Pharmaceuticals Ltd was established by merging the pharmaceutical interests of the Fisons Group, i.e. Bengel Laboratories (founded 1891), Genatosan (founded 1917) and C. E. Fulford Ltd. The company was divisionalised in 1967.

In 1968, Intal, a new drug based on sodium cromoglycate and a product of original Fisons' research was launched in the UK and proved to be a major advance in the treatment of asthma. Fisons received the Queen's Award for technological achievement for this drug in 1971. Since then the spectrum of therapeutic applications of sodium cromoglycate has been widened to include perennial allergic rhinitis, vernal kerato conjunctivitis, hay-fever conjunctivitis and hay-fever.

The company has expanded greatly over the past few years and now has more than 20 autonomous subsidiaries overseas and markets its products in over 100 different countries. Basic research continues at Loughborough in a modern laboratory complex with a staff of nearly 500, concentrating mainly on the cause and treatment of allergy.

## Razors worldwide

Ever since King C. Gillette invented the safety razor, 75 years ago, Gillette have been exporters. Their razors, blades and later toiletry products now have a worldwide name, but despite running factories and sales organisations in many countries, the UK has always been a key base.

Gillette were one of the first companies to win the Queen's Awards for export achievements and another four have since been presented to the company, which has factories at Isleworth and Reading in Britain. Isleworth is the hub of European and African operations and from it are controlled sales to 120 different markets. When going for export sales, special packaging, brand names and variations on product have always been produced to suit special local requirements.

Britain leads the Gillette export team, though many are foreign based, working from countries such as West Africa, Morocco, Iran, Greece and Yugoslavia.

## Ten honours

Achievements in exports and technological innovation have so far gained for Glaxo ten honours in the Queen's Award to Industry scheme. The Glaxo group claims to be the biggest exporter of



pharmaceutical products from Britain and its trading worldwide has been enhanced by the development of cephalosporin antibiotics, the introduction of topical steroids and the discovery of new drugs for asthma.

The most recent award, in 1975, recognised the efforts of all parts of the organisation engaged in manufacturing and marketing operations, involving Glaxo laboratories, Allen & Hanburys Ltd, Evans Medical Ltd, Evans Biologicals, Duncan Flockhart & Co Ltd, Farley Health Products Ltd, Eschmann Bros & Walsh Ltd, Macfarlan Smith Ltd, Murphy Chemical Ltd, and Glaxo Holdings Ltd to whom the award was made for exporting on behalf of the group. At the same time, an award for technological innovation was made to Allen & Hanburys Research Ltd (see above), and Macfarlan Smith Ltd received an award for exports (see later).

Six awards for export achievement have been won by Glaxo Laboratories Ltd, the group's principal UK manufacturing company. New products have necessitated continued expansion of manufacturing facilities in the north of England and Scotland in the last 25 years, and the company is now building a fine chemicals plant in Dumfriesshire.

Developments that made the year of accession a significant stage in Glaxo's growth included the opening of the Montrose plant and the establishment of a veterinary division.

## Contract manufacture

Two of the chemical division companies of the Guinness Peat Group whose work contributed to the Queen's Award for export achievement in 1976 were LPC Chemicals & Dyes Ltd and Regent Laboratories Ltd. The original business of LPC Chemicals in 1933 was as distributors of dyestuffs and pigments. Although this is still an important part of the company's business, the main area of activity today is in the export of pharmaceutical specialities on behalf of some major British pharmaceutical houses and the distribution in the UK and export markets of fine chemicals.

The company's success over the past 10-15 years is based on its ability to purchase substantial quantities of raw materials from countries purchasing the more sophisticated specialities. The bulk of this business has been in Comecon countries.

Regent Laboratories Ltd was formed in 1968 by a merger between B & P Laboratories and Medopharma, and rapidly established itself as a major supplier of generic medicines and a leading contract

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# Queen's Award

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manufacturer. Specialist contract work, both at home and abroad, is now a major part of Regent's business, and by 1975 more than 40 per cent of the company's production was being exported to over 40 countries. Exports now account for nearly half of Regent's turnover.

## Photographic exports

Ilford Ltd, now part of the Ciba-Geigy group, received the Queen's Award for export achievement in 1970 and 1975 and now exports more than 70 per cent of UK production to some 130 countries. In addition there are subsidiary companies in 11 overseas countries and associated companies in a number of others.

The origins of the company date back to 1879 as a one-man business manufacturing dry photographic plates which had been recently invented. Its products now include films, papers, chemicals, etc, for the general-purpose photographic market and, in addition, specialised products to meet the requirements of the medical X-ray, graphic arts, microfilm and scientific plate markets.

## Advances in cameras

Some of the highlights over the past 25 years of Kodak Ltd, who received a Queen's Award for export achievement in 1970, are as follows. In 1954 Tri-X film was introduced, in 1959 Ektachrome be-

came the fastest colour film available, and in 1961 Kodachrome II film which was two-and-a-half times faster than its predecessor, and with improved sharpness, colour rendition and colour detail was introduced. Kodak Instamatic cameras and easy-load film cartridges were introduced in 1963, and in 1965 super 8 movie products were marketed.

When astronauts Aldrin and Armstrong first set foot on the moon in 1969, they carried a stereo camera made by Eastman Kodak and recorded the event on Kodak film. In 1972 pocket Instamatic cameras and projectors were introduced, and in 1973 sound was added to home movies through the introduction of Ektasound equipment—another first for the company.

Kodachrome 25 and 64 films were announced in 1974 together with Kodachrome 40 movies film. These new films had improved colour reproduction. Tele-Instamatic cameras were introduced in 1975, and in 1976 three new graphic arts products announced. These were PMT litho negative paper, PMT metal litho plate and Polymatic litho plate LP. The first two provide a rapid-access printing plate direct from paste-up, thus obviating the need for a film negative.

## Gelatin capsules

P. Leiner & Sons Ltd, who received Queen's Awards for export achievement in 1974 and 1975, can trace their origins to 1776 when Joseph Leiner opened a tannery and glue factory in Gross Meseritz, Bohemia. The first glues and gelatins were made in Budapest in 1840, and by 1895 exports to the UK had developed to such an extent that a sales office was opened in London. In 1921 a blending plant was set up in Bermondsey, and the move to the present site at Treforest took place in 1937.

Manufacture of pharmaceutical and photographic gelatin started in 1945. Subsequently sales offices were opened in New York, Toronto and Montreal, and factories have been built in Brazil, India, Pakistan, Nigeria and Ethiopia. Since its early days the company had been a supplier of gelatin for soft shell capsules and in 1965 it was decided to enter the soft capsule market. The company developed its own rotary die encapsulating machines and an encapsulating plant was set up at Treforest.

Subsequently a subsidiary company, Pharmagel SpA, was formed to manufacture capsules in Italy, and a capsule marketing and merchandising operation was established in Los Angeles in 1973. A soft shell capsule manufacturing plant was set up in Sao Paulo in 1976.

## Exports to 80 countries

World trading has always been a cornerstone in the development of Macfarlan Smith Ltd, a subsidiary of Glaxo Laboratories, and in 1973 this company received a Queen's Award for export achievement, having raised exports to about 80 countries by 45 per cent in the previous three years. The company's range of chemicals, extracted from many vegetable raw materials, includes purga-



tives, cough suppressants, codeine and other analgesics, which are supplied in bulk to pharmaceutical manufacturers.

A product discovered and marketed internationally by the company is Bitrex, which is used to make industrial alcohols unpalatable.

## Three times winners

The former Marchon division of Albright & Wilson Ltd gained the Queen's Award for export achievement on three occasions in 1966, 1969 and 1975. In December 1975 this division merged with the industrial chemicals division to form the detergents and chemicals group, with factories and sales offices in Britain, Ireland, continental Europe, South Africa and Australia. The group, with headquarters at Whitehaven, provides raw materials, intermediates and finished products to the detergents and toiletry industry, and a wide range of specialist chemicals for the plastics, rubber and other industries.

After 25 years of almost unbroken growth the Whitehaven operation is still expanding rapidly. Over £13m was invested in new plant and facilities over the past three years and a further £19.5m project covering further phosphoric acid manufacturing facilities was recently announced. In 1952 there were 452 employees at Whitehaven; there are now some 2,200.

## Herbicide advances

Three Queen's Awards have been won by May & Baker Ltd, two for technological achievement and one for export achievement. The first, in 1969, was for the development of the hydroxybenzoxazole herbicides, bromoxynil and ioxynil, which are used to control a range of weeds in cereal, linseed and sugar cane crops.

The second award for technological achievement came in 1974 for the development of asulam, a herbicide used primarily to control grass weeds in sugar cane, and docks and bracken in grassland. Asulam had first been prepared at Dagenham in 1961 and evaluation at the company's Ongar research station showed that its slow action contributed to its effectiveness in weed control. It was also found to be non-toxic to birds, bees, fish and other wild life.

The company has more than doubled its exports since 1974 and in 1977 obtained a Queen's Award for export achievement. Exports are made worldwide, and there are subsidiary or associate companies in most major overseas markets.

*Continued on p826*



*Chargehand Mrs Nellie Frith, of the Wellcome production centre, Dartford, and Mr Jack Rippon, export services manager, Berkhamsted, jointly receive the 1976 Queen's Award from the Lord Lieutenant of Kent, Lord Astor of Hever.*

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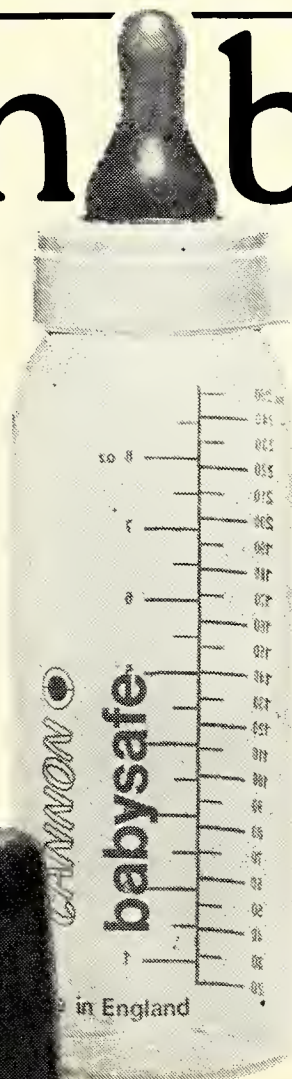
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# Queen's Award

*Continued from p824*

## Cameras and sunglasses

Queen's Awards for export achievement were made in 1970 and 1977 to Polaroid (UK) Ltd, which was established as a wholly owned subsidiary of Polaroid Corporation, of Cambridge, Massachusetts, USA, in 1963. The company's marketing headquarters, initially in Hatfield, were relocated in 1974 at St Albans.

Manufacturing operations in the UK commenced in 1965 at Dumbarton, the first Polaroid factory outside the USA, coincident with the introduction of Swinger, the instant picture camera that marked the company's entry into the world-wide mass market for low-cost simply operated cameras. The factory now occupies some 300,000 sq ft, employs more than 1,400 people, and is currently engaged in the production of seven Polaroid Land films for black and white and colour instant pictures as well as eleven camera models. An extension of 100,000 sq ft was opened last year by the Prime Minister to expand the camera manufacturing facility and house the assembly line for the new model 2000 camera.

In November 1972, production of lenses for sunglasses also commenced at Dumbarton. Formerly, lens production had been concentrated in the USA.

Most of the earlier specialised machines for the production of films were designed and built by the parent company and imported into the UK. Subsequently, thirteen assembly machines were built at Dumbarton, and five have been exported to the company's plant in Holland and one to the USA. Most of the equipment at Dumbarton is now of UK origin.

The total value of Polaroid products exported from the UK increased from £26m in 1975 to £39m in 1976.

## Rodenticide advances

Among the 1977 recipients of Queen's Awards for technological achievement was Sorex (London) Ltd. This company was formed in 1949 and introduced what at that time was a revolutionary rat bait based on dicoumarol, which was one of the first anticoagulant rodenticides in the world. The active ingredient was later changed to warfarin which was found to be more effective.

In the early 1960s the first rodent resistance to warfarin was documented and as this resistance grew, Sorex began to develop alternative rodenticides. The first to be marketed was Sorex CR, a calciferol-based bait which is proving valuable in the control of resistant mouse infestations throughout the UK and many parts of Europe.

Neosorex was the second develop-

ment, an anticoagulant particularly active against resistant rats. As a result of further investigations a third rodenticide, which at the moment has only a research number, WBA 8119, was formulated. It is effective against both resistant rats and mice and appears to have vast potential overseas in controlling rodent populations, particularly in field crop situations. In under-developed countries at present the problem is tackled mainly in the warehouses, but it is important to point out that crop loss in the field can be as high as 35 per cent.

Sorex CR and Neosorex have been in commercial use since 1974 and both have received full clearance from the Ministry of Agriculture, Fisheries & Food. WBA 8119 has been given professional commercial clearance under the pesticide safety precautions scheme and all three rodenticides are currently being introduced throughout the world.

## Fragrances and flavours

Proprietary Perfumes Ltd began business in 1963 as producers of fragrance compounds for perfumes, toiletries, soaps, detergents and other household articles, and flavours for dental products. Since its formation, the company has consistently exported about three-quarters of its production to some 70 countries. Queen's Awards for export achievement were received in the three years 1966, 1971 and 1975.

PPL has expanded its original site and plant in Ashford, Kent, and now has branches in Paris, Cologne, New Jersey (USA), and Singapore, with agents in South Africa, Australia, Japan and other major countries. Market research in the most important customer countries is continually undertaken to pinpoint consumer preference and attitudes to perfume and products. PPL is stated to be

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probably the fifth or sixth largest perfume company with global operations, although one of the youngest.

At present the company's effort is going into USA expansion which is planned to develop considerably over the next few years in view of the number of important international toiletry and other perfume-using manufacturers whose headquarters are in the USA and also because of the very large market available in the USA itself.

## Medicated sweets

Smith Kendon Ltd was founded nearly 200 years ago, in 1780, and in such a long history the company's fortunes have fluctuated considerably. Until four years ago the range of "boiled sugar tablets" or sweets, medicated pastilles and diabetic products were manufactured in the original factory close to London Bridge. Today, the production plant is housed in a custom-built factory in Glamorgan.

About ten years ago Smith Kendon began to direct their sales drive towards world-wide export markets, and 65 per cent of production is now exported, an achievement that was recognised in 1974 by a Queen's Award. The company's business continues to expand, and much of the original London plant has been replaced by more modern equipment to cope with the increased demand. However, the products are still made in the traditional manner.

For Jubilee year, the company introduced in January a commemorative tin of their mixed fruit assortment, and several other new products are planned.

## Speciality chemicals

Rohm and Haas is one of the world's leading chemical company's manufacturing speciality chemicals for use in industry and agriculture. Industrial chemicals produced by Rohm and Haas are used in the plastics, leather, paints, paper, textiles, detergents, oil and water treatment industries. The firm's agricultural chemicals are used to protect crops against disease, weeds, insects and other pests, and the company is also an important supplier of human and animal health products.

Today, over half of the Rohm and Haas (UK) Ltd's annual 150,000 tons of industrial chemical production goes for export, mainly to West and East Europe, the Near East and Africa. The company was one of this year's Queen's Award winners.

## Profits for research

The Wellcome Foundation Ltd, the British-owned, international group of pharmaceutical and chemical companies, has factories and offices in every continent, and employs around 17,000 people. It stands without parallel today in the pharmaceutical industry because it is entirely owned by a registered charity—shares are held by the Wellcome Trust, which distributes all profits to the support of medical and allied research in universities and hospitals around the world.

Twenty-five years ago profit, before tax, was around £2m, research and development was allocated less than £½m, while

the number of employees world-wide was under 5,000. The group's latest financial report last year shows a staggering difference. Profit has grown over 2,000 per cent in 25 years to top £41m; research and development is running at £23m, while the number of employees has more than trebled to 17,000, of whom just over one-third work in the UK. Capital employed has grown from just under £10m to £177m and sales turnover from under £10m to £290m.

This dramatic development results from expansion into new overseas territories and massive commitment to research. Twenty-five years ago the only overseas Wellcome companies were in Australia, Canada, India, South Africa and USA. Today, there are subsidiaries in 38 countries with manufacturing in 17 of them. The Foundation acquired Cooper, McDougal & Robertson in 1959; control of Calmick Ltd was acquired in 1966 and the Macdonald group came under the Wellcome umbrella in 1971.

Research has led to the discovery of Wellcome compounds for the treatment of leukaemia, malaria, gout, and a wide range of bacterial diseases. The company also pioneered an immunosuppressive agent to combat organ transplant rejection.



tion. More recently, it discovered trimethoprim, the basis of a new generation of antibacterial agents. Wellcome has made similar advances on the veterinary side and has become the major manufacturer of foot-and-mouth disease vaccine in the world.

These successes have been recognised three times by a Queen's Award to Industry. In 1970, it was for export achievements in the fields of human medical products and diagnostic reagents; the following year, Wellcome was one of only four companies to win the award both for exports and for technological innovation, and in 1976 it was the only major pharmaceutical company to receive the Award, this time for "outstanding achievement" in exporting from the UK.

## Goddards offer some advice on silver care

The Queen's Jubilee has brought silver into focus and in 1977 many people will be adding to their collection of wedding presents and silver heirlooms. Much of the attraction of silverware lies in the mirror-like shine and reflection fostered by regular care. How can that lustrous shine be kept at its best?

Sulphur is the main cause of tarnish and though egg yolk is most often blamed for discoloration on the prongs of forks, other sulphur-containing foods like fish, salt and even green vegetables are also culprits. The sulphur in the air or in food combines with silver to form a film of silver sulphide which starts a pale yellow and grows progressively thicker until it turns a deep brown or even black. To delay this process:

- ☐ Do not allow salt, vinegar, lemon juice or egg to remain on silver for any length of time.
- ☐ Do not wrap silver up in old newspaper—the ink encourages the tarnish.
- ☐ Never use rubber bands to bind items of silver together—they corrode silver even through several layers of cloth.
- ☐ Keep silver as far away as possible from coal, gas or log fires.
- ☐ Never try to bleach silver clean.
- ☐ When storing silverware, wrap it in specially treated sulphur-free paper (available from jewellers).

In bygone days, mercury and elbow grease formed the basis of silvercare but as long ago as 1839, shortly after the invention of electroplating, a chemist, Joseph Goddard, realised that the silverware made by the process would never stand up to such treatment since its efficiency was due to the fact that it dissolved the top layer of silver along with the tarnish.

He therefore embarked on a programme of research and the non-mercurial plate powder he developed was the forerunner of a range of products that now solve silver cleaning problems in museums, palaces and households all around the world. Indeed, J. Goddard and Sons Ltd hold the Royal Warrant to Her Majesty the Queen as manufacturers of silver polish.

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### Types of product

Basically, silver care products fall into two groups—detarnishers and polishes. Goddard's now make a comprehensive range of polishes that give long-term protection against tarnishing. Of these their long-term silver polish is based on the old plate powder formula and is particularly effective on heavy tarnish and stains. It forms a chemical tarnish barrier, which is both totally harmless and invisible, resulting in a deep long-lasting shine. Goddard's silver dip removes the tarnish instantly when the object being cleaned is dipped in the clear liquid for a few seconds. It is particularly suitable for cutlery. Another product, their silver cloth provides a convenient way to clean and polish silver. It contains long-term silver polish already impregnated in a soft dry cotton cloth, and is particularly helpful with items that are kept on show and need frequent attention or are in use all the time. Wiping restores the lustre and inhibits retarnishing.

Finally, Goddard's recommend their long-term silver foam for large intricate and ornate silver ware. It is easily sponged into every nook and cranny of the most intricate pieces, thus gently removing tarnish and polishing to a mirror finish at the same time. It is then a simple matter to rinse off and polish to a long-lasting lustre.

# Professional News

Pharmaceutical Society of Ireland

## Payment sought for smaller packs of misused drugs

The Society is to write to the co-ordinating committee on drug abuse urging that the Pricing Bureau should pay pharmacists for smaller packs of misused drugs.

Under the terms of the General Medical Services Scheme pharmacists are re-imbursed on the basis of large packs, but as a security precaution Council has recommended that only small packs be stocked. Mr R. J. Power said safety should take precedence over economic considerations.

At this month's Council meeting the president, Mr M. F. Walsh, told members that arrangements had been completed to carry out a national survey of the security situation in pharmacies. When the relevant data had been received and processed, a meeting would be held to discuss the problem and determine new steps to bring about improvement.

The registrar and secretary, Mr J. Cahill, reported progress on the Irish Pharmaceutical Congress to be held in Galway, October 16-20. The inclusive fee (registration, accommodation, tours and banquet) would be £56 with a £7 surcharge for single rooms. Full programme details should be published in June.

### Great honour

Congratulating the Irish Hospital Pharmacists' Association on the organisation of the European Hospital Pharmacists' General Assembly in Dublin recently, Mr Power said it was a great honour for any country to be asked to host this meeting. The president joined Mr Power in thanking Mr Browne, chairman, IHPA, and his colleagues for the work they had done. Mr Browne replied that a report should be forthcoming soon.

A scheme to reduce the attendance costs at courses organised by the Committee was received from the director, Mr D. W. P. Boyd. It was decided to refer the proposals to the Practice of Pharmacy Committee for detailed examination.

Mr Power reported that the current series of meetings between the pharmacists' Joint EEC Committee and the Department of Health had reached the final stages. An agreed report had been prepared and would be presented to the Parliamentary Secretary to the Minister of Health shortly. The President and other Council members paid tribute to Mr Power as a motivating force.

A second group comprising the Hospital Pharmacists' Association, the employing authorities and representatives from the Department have been meeting separately to consider the role and function of hospital pharmacists. Mr Browne said that their work would take a little longer to complete.

The following names were changed in

the Register, marriage certificates having been submitted: Mrs Maire P. Gallagher (née McMahon), Assistant; Mrs Rita A. Fitzgerald (née McEnroy), Assistant; Mrs Margaret A. Ryan (née Stakelum), Assistant; Mrs Mary F. Geoghegan, LPSI, Main Street, Oughterard, co Galway was nominated for membership.

The following addresses were changed:

Mrs Ann O'Loughlin, MPSI, to 619 Elmhurst Road, Charleswood, Winnipeg, R3R OV2, Manitoba, Canada; Miss Isobel Margaret Headon, MPSI, to Kevinsfort Park, Sligo; Mr Christopher Clarkin, MPSI, to Butlersland, New Ross, co Wexford; Mr Michael G. Durcan, MPSI, to Quignalecka House, Ballina, co Mayo; Mr Thomas O. Hutton-Mills, MPSI, to pharmacy department, Kingsway Stores,

Div of UAC of Ghana Ltd, PO Box 1638, Accra, Ghana; Mrs Marie Gallagher, Asst, to 129 Sutton Park, Sutton, co Dublin; Mrs Margaret A. Ryan, Asst, to Passas Stse, Borrisoleigh, Thurles, co co Tipperary; Miss Mary P. Daly, Asst, to Killabrah, Dromina, Rathluirc, co Cork.

The registrar and secretary reported with regret the deaths following:

Mr John J. Howard, MPSI; Mr Joseph Quinn, MPSI; Mr Gerard A. O'Donnell, LPSI; Mr W. F. M. Keyes, LPSI; Mr John F. O'Grady, Associate Druggist; Mr M. O'Brien, Registered Druggist.

## Assistant's examinations

The following were successful in the pharmaceutical assistant's examination of the Pharmaceutical Society of Ireland:

Margaret M. Barton; Mary T. Bermingham; Mary M. Bourke; Elizabeth M. Breslin; Augustine W. Browne; Margaret M. Clarkin; Mary T. Clavin; Elizabeth A. Clifford; Anna M. Coffey; Allison T. Conlon; Kathryn A. Cowhie; Christine M. Cox; Deirdre Cummins; Catherine C. Deneny; Nora P. Donovan; Kathleen I. Dunne; Lorraine M. Farrell; Grainne Gibney; Christina O. Guckian; Marie T. Kirwan; Dorothy G. Mullaney; Mary E. Murphy; Maria A. McCarthy; M. P. McCauley (Mrs Power); Hilda K. O'Brien; Marion A. O'Dwyer; Marion T. O'Meara; Catherine A. O'Reilly; Mrs Michele M. Parle; Margaret B. Quinlan; Mary P. P. Reynolds; Anne B. Roche; Valerie G. Sharkey; Nora T. Spillane; Marie G. Whelan.

### PSNI Council

## Proposals to cut spending

Reductions in expenditure are to be discussed at a special meeting of the Finance Committee, following its announcement that last year's debit balance could not be erased by the latest rise in retention fees.

At last month's Council meeting, Mr McIlhagger said when the retention fee was raised it was hoped that sufficient income would be available to erase the debit balance of £3,400 carried over from last year. It was now obvious that this would not be possible although the debit would be reduced. Mr Eakin pointed out that the Society's income derived mainly from retention fees and the portion of licence fees from the Department of Health. The only solution was to cut expenditure and in the present circumstances this could prove difficult. Mr O'Rourke did not think a further increase in fees would be fair to members and Mr. W. Gorman, secretary, pointed out that at such a late stage it would be difficult to introduce a regulation for an increase.

A draft order to prohibit the importation and possession of veterinary drugs was considered. The order included a clause providing for the Department of Agriculture to "take into account any matter which it considers to be relevant to the application and in particular the handling facilities and storage equipment available at the premises of the applicant".

It was pointed out that a retail pharmacy had to be licensed under the Medicines Act and should not be subject to inspection by the Department of Agriculture. The secretary was instructed to inform the Department that an exemption for pharmacies should be included in the relevant article.

The requirement that students undertaking practical training attend a management course had been discussed by the Education Committee, Council were told. It might be possible to hold a course each year, Mrs O'Rourke said, and recommended that the Society's regulations be amended to include a subparagraph requiring each student to attend further courses specified by Council. The requirement could be waived if it were found impossible to arrange a course.

The Committee also recommended that attendance certificates be supplied to pharmacists who attended the lectures of a particular postgraduate series commencing with the next winter programme. Every effort should be made to provide brief lecture notes for which a charge would be made, Mrs O'Rourke added. Eight students wished to undergo practical training commencing in July and it was agreed to seek co-operation of the Ulster Chemists' Association Executive Committee.

### Organisation review

The president asked for views from those Council members who had attended the symposium "Review of the organisation of pharmaceutical services in Northern Ireland" held at Craigavon Area Hospital on May 15.

Mr McIlhagger thought the five papers given were excellent and was pleased to hear reference made to the importance of the district pharmaceutical officer's work. He was pleased that, in future, it was proposed to include pharmacists amongst those selected for management courses.

Mr O'Rourke also praised those who had presented papers but said he would

have liked more discussion on the duties of the area pharmaceutical officers and the area pharmaceutical advisory committees. He thought the functions of the committees were not generally understood by pharmacist members and this was borne out by statements made at the symposium. There was a feeling of frustration amongst many members who saw one recommendation after another "quietly shelved" and then forgotten.

Mr Bolton, a secretary of a board's pharmaceutical advisory committee, said various proposals they had put forward were referred to a district executive team in which there was no pharmaceutical representation and to whose meetings no pharmacist was invited. To say they felt frustrated was putting it mildly.

#### Clouded area

The Secretary, Mr Gorman, said he was often asked, by the public, questions which he could answer only if he knew who had responsibility for certain parts of the administration. He thought there was a somewhat clouded area between where the functions of the central services agency ended and those of the area pharmaceutical officers began.

Complaints and inquiries about the pharmaceutical service should, he thought, be directed to the APHO's who would pass them to the appropriate board. Some, but not all, would be referred to the central services agency. Mrs O'Rourke was pleased to hear the procedure used by the staffs council for selection and appointment, and to learn of the possibility of holding management courses for pharmacists.

The courses were very much in the minds of the Education Committee and he thought the director of the staffs council should be approached for further information so that a course could be included in the postgraduate education programme next winter. It was agreed that the president, vice-president, Professor D'Arcy and the secretary should meet the director.

The president said Council was pleased that Professor D'Arcy had been awarded the DSc degree by London University and asked the secretary to convey congratulations to him.

#### Meeting on containers

Further to the letter from the Department of Health and Social Services about re-closable child resistant containers (C&D, April 2, p463) it was agreed to ask Department officials to meet the following to discuss the matter: Messrs Chambers, Kerr, O'Rourke and Gorman. It was agreed to inform the Pharmaceutical Contractors Committee of the action taken.

Dr J. G. Swanton has been nominated for membership of the Committee on the Safety of Medicines and Mr G. E. Mellhagger for the Committee on the Review of Medicines. Mr Kerr is to represent the Society at the EEC Pharmacy Group meeting to be held in Brussels in June. Mr William Victor Emery, 63 Birch Drive, Rathgael, Bangor, co Down, has been restored to the Register.

The president reported meetings of the West Tyrone and Fermanagh District Branch and the Lurgan, Portadown and Armagh District Branch at which interesting and lively discussions had taken place.

# 'Orange guide' has new section on wholesaling

The new edition of the "Guide to Good Pharmaceutical Manufacturing Practice" (the "orange guide"), published last week (HM Stationery Office, £0.90), has been expanded, re-arranged and largely re-written.

Among the mainly new sections are those on personnel and training, recovered materials, product recall and contract manufacture. There are new appendices on good pharmaceutical wholesaling practice, good laboratory practice, dry products and materials and homoeopathic medicines. The guide, compiled by the Department of Health, has no statutory force but outlines steps which should be taken by manufacturers to ensure medicinal products are of the nature and quality intended.

The appendix on wholesaling recommends that key personnel involved in the warehousing of medicines should have the appropriate educational background and/or experience; that medicines requiring controlled temperature storage should be distributed by appropriately specialised transport; that returned goods should only be replaced in saleable stock when they are returned in their original unopened containers and in good condition, when they do not require special storage, when they have an acceptable remaining storage and when their redistribution is agreed by a responsible person. Records of each sale,

including the date, should be kept at least to the end of the shelf-life or anticipated use-life.

Among the guide's other recommendations are that:

□ The person responsible for quality control should have the authority to establish, verify and implement all quality control procedures and to reject, independently of production, all starting materials, packaging and intermediate, bulk and finished products which do not comply with the relevant specification.

□ All production and quality control personnel should be trained in the principles of GMP and in the practice and relevant theory of their tasks, with training according to written programmes approved by the production manager and, as appropriate, by quality control. Periodic assessments of these programmes should be made.

□ Documentation should cover specifications for starting materials, intermediate and bulk and finished products. To facilitate effective recall, distribution records should be kept of the names and addresses of all persons supplied with a product.

□ Recall procedures should be capable of being put into operation at any time, inside and outside normal working hours and "dummy runs" should be conducted to show such procedures to be practicable.

## Information service on bulk medicinal chemicals

An information service on bulk medicinal chemicals is available to subscribers, from the Stanford Research Institute. The research study is entitled "World markets and outlook for bulk medicinal chemicals".

By last week, about eight companies had agreed to subscribe and SRI (health industries research department) is prepared to initiate the study with about 20 subscribers, although 30 are required to cover costs (\$500,000). Pre-initiation subscribers will be asked for \$18,000 payable in two instalments based on their fiscal year. Post-initiation subscribers will have to pay \$23,000 in one payment. Information on 200 products will be provided and SRI points out that one major American company recently paid \$50,000 for similar research into just one product.

The research study has three main objectives: Data sheets on about 200 specific medicinal chemicals, the number dependent on client interest and support; summary business information on selected chemical families; overview and outlook for the world chemicals business. The study is expected to take around 15 months to complete although specific information may be available sooner.

SRI is a non profit-making organisation and any excess finance from over 30 subscribers will either be put back into research facilities or used to finance the continuing programme. Further details are available from Stanford Research Institute, Carolyn House, Dingwall Road, Croydon CR9 3QX.

## New BP Addendum

The British Pharmacopoeia 1973 Addendum 1977, published this week, contains changes resulting from the introduction of the European Pharmacopoeia Volume III. 73 monographs of the BP 1973 and Addendum 1975 have been withdrawn in favour of the European monographs.

Eye drops are included for the first time and other additions are monographs on debrisoquine sulphate, metaclopramide hydrochloride, methysergide, and chloroform and morphine tincture. The title citric acid now applies to the material containing no water of crystallisation, previously referred to as anhydrous citric acid. The title citric acid monohydrate is now applied to what was formerly known in the BP as citric acid. The test for uniformity of content of digoxin tablets has been amended since the earlier version was inapplicable to the low strength tablets. The Addendum is effective December 1.

# Hartnell *In Love*



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*With compliments* SIR NORMAN HARTNELL

## Christy

# Letters

## Remuneration cut and the need for capital

I read with dismay that the Government intends to recover some £11m from its chemist contractors. What on earth can they mean by "recover"?

This year I found that in spite of successful efforts to reduce my dispensing stock, the cash value of stock held had increased by some £1,200. As we all know this increased value will be counted as profit and will be taxed at at least 40 per cent so that I have to find some £1,700 in cash to keep going. Now additionally, since my dispensing is about average, this Government clawback will produce a further shortfall of £1,000.

By this reasoning last year's contract for dispensing will eventually call for an increased capital of £2,700—quite apart from those friendly bank charges.

I feel sick with apprehension. Without any form of inflation-indexed relief, how can we continue to find the money merely to replace working stock?

If I and my fellows are to survive, we have to make enough profit to pace inflation and leave sufficient after tax, to meet our domestic commitments. I find it unbelievable that anyone could argue that that facet of our business dealing with dispensing should not be subject to this basic premise.

Yet under our miserable contract a fifth of us have bled quietly to death, while the rest of us managed by frantic "diversification". What shall we sell next—fruit, or fish, or motor spares?

In all our negotiations we have surely proved ourselves the prize ninnies of the century. Like ball bearings without a cage we are split up and rolled about without resistance, and if a few get lost what does it matter? Are we even of any importance to the NHS? I believe we are badly used in every sense of that phrase.

We have to tell the Government that they have taken for granted a standard of altruistic, disinterested service for 30 years which is quite incredible and tell them that their pharmacists can no longer continue to support dispensing by taking in everybody's washing, for is that not in essence what we have been doing?

Kenneth Sims  
Parkstone, Poole

## Don't hurt the public

I notice with regret that suggestions are being put forward that pharmacists throughout general practice are being asked to use sanctions which will in effect once again be borne by the British public.

Everytime that strikes or similar actions take place and the British public is affected I have heard from every source of public opinion that the unions are exerting their influential muscle at the expense of the poor British public, and I have

despised the unions for having so little sympathy for the people who have to carry the burden. Examples are so numerous—patients in hospital when the hospital staffs have been in dispute; again patients in hospital and old age pensioners when the electricians came out on strike, and again the same people were affected when the miners were on strike.

It would be the very pinnacle of hypocrisy if I were to condone action which will have any effect on any patient in whatever way. I think pharmacists have a record second to none in showing people how we take care of their health problems, and such a fine record must never be marred by militant action which the British public will have to bear. This really is an opportunity to show the Department of Health and Trade Unions that in spite of all the justifications, we as a profession refuse to prostitute our professional ethics in an endeavour to change the ridiculous notions of the Department of Health.

Whatever else we do, we must continue to serve and cater for the health of NHS patients and our customers in general.

Bearing all this in mind, I would willingly back any other action which is effective and which has the support of the majority of our membership.

John Davies  
Wiveliscombe, Somerset

## ASTMS in alliance?

Letters in your last week's issue, following the PSNC announcement of the proposed £11m cut in remuneration, have all, to some degree, called for a strong, united approach to the fight with the Department of Health on a realistic increase in remuneration for chemist contractors.

The general practice pharmacy section of ASTMS calls for complete unity. Not only PSNC-PSGB, but a strong ASTMS/PSNC/PSGB alliance, against which the Department has little chance of "shirking" the urgent need for a "realistic" increase in contractors remuneration.

The present "stiff-necked" attitude, whereby the PSNC, fearing perhaps a "take-over" of negotiations by ASTMS, has resisted informal approaches by ASTMS to assist jointly, in this serious issue, facing all contractors today. Perhaps the PSNC does not realise the full gravity of any delay in their seeking effective leadership in negotiations.

The same attitude was adopted by PSGB not very long ago, on the question of ASTMS support on the analgesics issue. The result, following a long, hard fought campaign, was also a disaster for pharmacy, but nowhere near the magnitude of the disaster which will follow yet another failure by the PSNC on this essential issue of contractors' remuneration. In order to avoid the need to increase the contractors' "profit margin" or "return on investment", the Department will no doubt, play about with their proposed cut of £11m. After all, they too would rather deal with pharmacists in negotiations than with a powerful body like ASTMS, and they will no doubt be willing to throw a few small "sprats" to the PSNC, such as some concessions on "discounting", which should be abolished altogether, and perhaps agree at long last to pay the "actual" replacement

value of drugs dispensed, which too, should have been done from the word "go". This they will tell us amounts to say, £6-£7m, so you really will not be having such a large cut in remuneration after all. But as regards an increase in return on investment, that is another story; and so another 200-400 contractors per annum will continue to close down permanently each year, until we are left with one or two major chains and the PSNC still holding the reins of power, even though the power and their yield of cash from NHS levies becomes minimal as they lead thousands of chemist contractors—in the phraseology of Tim Astill "like garden swine, over the precipice to their own destruction", just to show how good they are at "negotiations".

Whilst everyone else, doctors, dentists, civil servants, and sub-postmasters, are receiving substantial pay increases in the last few weeks, chemist contractors are not only not receiving an increase, but are having a cut, perhaps to pay for the increase in doctors and dentists pay, which those professionals are arguing is still not enough even though the pay increase is backdated.

Many pharmacists do not perhaps like "outside" bodies, nor do hospital pharmacists, but ASTMS *did* double their salaries. Many pharmacists will not join ASTMS because they do not know the strength of the general practice pharmacy section; the strength of any section of ASTMS is 400,000, the full strength of ASTMS, in the eyes of the Department. Compare this to the "full" 95 per cent of 8,000 contractors claimed by the PSNC, and you will see exactly why the PSNC must have ASTMS backing to beat the Department at its own game, and maintain the viability of the independent contractor.

Small may be beautiful in many senses, but *not* when applied to contractors remuneration, or to the size of the nation's dispensing network.

S. Blum  
ASTMS/GP Pharmacy Section

## Pull together

Once again Mr S. Blum has put the cart before the horse! (C&D May 28).

He states that the PSNC has acknowledged defeat in their letter dated May 13. I never received any such letter. Perhaps Mr Blum needs a change of spectacles! He also urges all contractors to unite on this issue of remuneration. Perhaps Mr Blum and his colleagues would be better to unite with the PSNC. We need one strong voice, not several weaker voices! He also urges the PSNC to join forces with ASTMS. Surely the sensible thing to do is for the ASTMS to unite and back up the PSNC.

Remember, Mr Blum, the PSNC is the only official negotiating body recognised by the DHSS. Please remember that the horse pulls the cart!

Geoffrey Lowther  
Bolton

The PSNC letter dated May 13, to "all chemist contractors in England and Wales", detailed events leading up to the proposed "cut" in remuneration and asked contractors to write to their MPs. Certainly it appeared to have been "delayed in the post" for many contractors.—Editor.

## Letters

Continued from p831

### An 'apology' received

Regarding the letter from Mr Graham Walker published last week, I am happy to report that Mr Walker has written a letter of apology for the attention of all members of the Pharmaceutical Services Negotiating Committee affirming his full confidence and support for the committee and its leadership.

The PSNC and the contractors generally have never been so united or unanimous in their determination to fight the outrageous suggestion of a cut and to secure an adequate and stable pharmaceutical service for the nation.

**R. G. Worby**  
Chairman, PSNC

### Arrogant decisions

We must test the arrogant decisions of arrogant men in the courts. There is £11m at stake and the "claw-back" of this sum from pharmacists who did not benefit from it goes against natural justice.

The NPA, the Pharmaceutical Society, our negotiators—this is your responsibility. Where are you? This Government Department is not going out of office at the next election. You must curb its excesses or it will sacrifice you to its masters.

You have my permission to use the Parliamentary Fund held by the Pharmaceutical Society, or to set up another to meet such contingencies, as I feel this is just an opening shot. Co-operation on this issue is out of the question. They have picked their ground, we still have the choice of weapons but we do not have time on our side. What have we to lose?

**D. G. Jeffreys**  
Bingham, Notts

### Visits to Red China

Following the interest aroused on my recent articles on Far East pharmacy, (C&D, April 30, May 7) would any pharmacist interested in visiting Red China probably towards the end of July kindly write to me now.

May I through your courtesy express my thanks to all my fellow pharmacists for giving me the further opportunity of serving pharmacy.

**A. G. Mervyn Madge**  
1 Saltburn Road  
St Budeaux  
Plymouth

### Candidate's thanks

May I through the columns of *Chemist and Druggist*, thank all the pharmacists who supported me in the recent Pharmaceutical Society Council elections.

I hope that in my new role, I can be of help to all pharmacists and the profession.

**Roger W. Odd**  
Aylesbury, Bucks

Two sides of the handwriting argument. Below, the pharmacist's label (reproduced at its original size) instructs the patient to take one digitalis 60mg tablet daily. Right, a prescription requesting Apisate and Gaviscon—the patient had kindly attached a written translation!

*Digitalis 60mg  
One daily*

*Take Apisate  
i h d. (60)  
Take Gaviscon  
(200)*

### Well briefed

Due to election conventions I have not felt it appropriate to write previously. I would, therefore, be grateful if you would allow me to thank all those members of the National Pharmaceutical Association who voted for me in this year's elections.

I hope that I can claim to be among the most well informed of pharmacists—a boast which rests almost entirely upon the briefings and assistance that I have received from the staff of both the Society and the NPA. Over the years they have spared no effort in ensuring that on all occasions I was in full possession of all the facts and I can only hope that I

will still have the opportunity to employ this knowledge beneficially in the service of all pharmacists.

**D. H. Maddock**  
Cardiff

### Appreciated

I have been a subscriber to your journal for many years and am highly appreciative of both C&D and its valuable adjunct—the Price List . . . In the years since I sold my pharmacy, I have been actively engaged as a locum pharmacist and find the Price List most useful in the present inflationary conditions. Locum duties relieve the tedium of retirement.

**W.E.B.**

## Books

#### International Nonproprietary Names for Pharmaceutical Substances: Cumulative List No 4

World Health Organisation (UK agent, HM Stationery Office, 49 High Holborn, London WC1V 6HB). 9½ in x 7 in. Pp 314. £13.44.

This new publication consists of a computer printout that groups together all the proposed and recommended international nonproprietary names in English and French—published up to March 1976. The printout also indicates in which list each name was originally published, as well as giving references to national nonproprietary names, pharmacopoeia monographs and other sources. In addition, the list contains molecular formulae and Chemical Abstracts Service numbers.

An annex describes the procedure for selecting recommended names and outlines the general principles to be followed in devising them; another annex indexes national nonproprietary names that differ from those recommended internationally.

#### Books received

##### Practical Pharmaceutical Chemistry Third edition, Parts 1 & 2

A. H. Beckett & J. B. Stenlake. University of London Athlone Press (4 Gower

Street, London WC1E 6DR). 9½ x 6½ in. Pp x+370 (Part 1) and xii+552 (Part 2). Part 1 £10, Part 2 £15.

##### American Self-Dosage Medicines: An Historical Perspective

J. H. Young. Coronado Press (Box 3232, Lawrence, Kansas 66044, USA). 8½ x 5½ in. Pp 75. \$5.

##### Anionic Surfactants Part 1

Edited by Warner M. Linfield, Marcel Dekker Inc, (270 Madison Avenue, New York 10016, USA). 9½ x 6 in. Pp 228. SwFr 115.

##### Anionic Surfactants Part II

Edited by W. M. Linfield. Marcel Dekker Inc (270 Madison Avenue, New York 10016, USA). 9½ x 6½ in. Pp xi+674. SwFr 130.

##### Synthetic Antidiarrhoeal Drugs

Edited by W. van Bever and H. Lal. Marcel Dekker Inc, (270 Madison Avenue, New York 10016, USA). 9½ x 6½ in. Pp 352. SwFr 100.

##### Introducing WHO

World Health Organisation, Geneva (UK agents: HM Stationery Office, 49 High Holborn, London WC1V 6HB). 9½ x 7 in. Pp 88. £2.

##### Drug and Cosmetic Packaging

R. C. Griffin Jr and P. S. Sacharow. Noyes Data Corporation (Park Ridge, New Jersey, USA). 9½ x 6½ in. Pp xiv+267. \$18.

##### Italian Directory of Drugs and Manufacturers 1977

Organizzazione Editoriale Medico Farmaceutica SRL (Via Edolo 42-20125 Milano). 10½ x 7½ in. Pp viii + 1,392. 32,500 Lira (\$48).

# Asthma

by Professor Peter A. Parish, MD, FRCGP, professor of clinical pharmacy,  
School of Pharmacy, UWIST, Cardiff

Asthma is an everyday term for *bronchial asthma* which is a condition characterised by attacks of breathlessness and wheezing due to obstruction of the flow of air in the smaller bronchi and bronchioles.

**Aetiology** Asthma may be classified as *extrinsic* or *allergic* and *intrinsic* or *infective*. Allergic asthma usually occurs in individuals who have inherited an allergic predisposition to external factors such as pollens, moulds, dusts, foods or drugs. The condition may start in childhood or adolescence and in these patients there is often a family history of allergy, asthma or urticaria. Infective asthma usually starts later in life and is often a complication of chronic bronchitis, but respiratory infections may also trigger-off attacks in patients with allergic asthma. Secondary factors may precipitate an attack of asthma; these include changes of temperature, exposure to fumes, menstruation and emotional stress. The latter obviously plays some part in every attack but appears to be a major cause in some patients.

**Symptoms and signs** An allergic asthmatic attack usually starts fairly suddenly and

lasts for about one to two hours. An infective asthmatic attack starts more gradually. Typically, attacks are paroxysmal often starting at rest, especially during the night. An attack lasting for more than a day is called status asthmaticus.

During an attack the patient complains of tightness in the chest, breathlessness, wheezing and cough. An attack usually ends with coughing and the production of thick, tenacious sputum.

**Investigations** The history makes the diagnosis. The sputum may contain eosinophils and there may be a raised eosinophil count in the blood. X-ray chest shows no special characteristics.

**Treatment** General measures include adequate nutrition, rest and exercise, no smoking, avoidance of obvious external factors and early appropriate treatment of respiratory infections. Breathing exercises and physiotherapy may help.

An acute attack can usually be stopped by using an aerosol containing salbutamol (Ventolin) or rimeterol (Pulmadil). If the attack continues then adrenaline by subcutaneous injection in a dose of 0.3 to

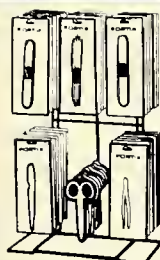
0.5ml of a 1 in 1,000 solution may help, repeated within 10 to 15 minutes if necessary. Aminophylline is an alternative in a dose of 0.25 to 0.5g by slow intravenous injection. Intravenous hydrocortisone (200mg three hourly) along with oral prednisolone (60mg on the first day and reducing daily by 10mg a day) may be life saving. Status asthmaticus is usually associated with infection and therefore an antibiotic such as ampicillin will be necessary. For relief between attacks oral salbutamol (2 to 4mg three times daily) may be used. Ephedrine (30 to 60mg three times daily) is an alternative, so is choline theophyllinate (200mg four times daily). A rectal suppository of aminophylline (0.36g) taken before sleep may help prevent troublesome night attacks. Some patients may require long term therapy with oral prednisolone (5-10mg once daily); betamethasone aerosol (Bextasol) appears to offer a safer alternative.

In allergic asthma sodium cromoglycate (Intal) inhalation blocks the allergic reaction and is of use in preventing attacks. Minor tranquillisers (eg diazepam) may help some patients.

*Learn about the following drugs—adrenaline, salbutamol, ephedrine, aminophylline, hydrocortisone.*

□ The Scottish Health Education Unit has awarded £3,833 to Glasgow University's Department of Community Medicine to investigate the possibility of creating a non-smoking environment in which all people in contact with new-born babies would discourage smoking.

## PROFIT FROM PORTIA



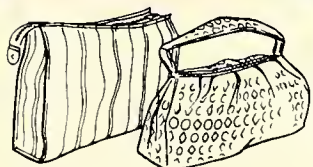
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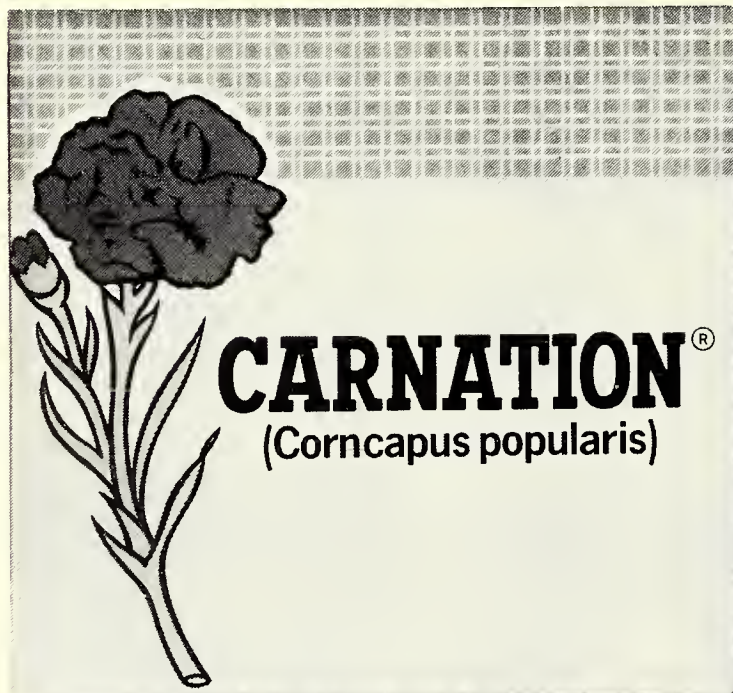
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# Westminster report

## Pharmacy closure rates difficult to project

Current pharmacy closure rates (which have recently shown signs of abating) cannot be projected reliably, because of the number of different factors, which singly or in combination, may lead to closure, Mr Roland Moyle, Minister for Health said in a Commons written answer last week.

He was replying to a question from Mr Kenneth Clarke on what estimates his department has made of the likely closure rates of independent pharmacies over the next five years.

Mr Clarke also asked what was the average gross profit for a pharmacist per prescription and the average annual gross profit per pharmacy of NHS prescribing, expressed in constant values in each of the last five years for which figures are available. Mr Moyle gave the following figures (at 1972 values):

|                 | Profit per<br>script (£) | Profit per<br>pharmacy (£) |
|-----------------|--------------------------|----------------------------|
| 1972            | 0.22                     | 5,777                      |
| 1973            | 0.22                     | 6,004                      |
| 1974            | 0.21                     | 6,296                      |
| 1975            | 0.21                     | 6,361                      |
| 1976 (estimate) | 0.20                     | 6,489                      |

## Pharmacists in talks on drug information

Mr David Ennals, Secretary for Social Services, said in a Commons written answer last week that he hoped to include pharmacists in discussions on improving the quality of drug information to doctors. Mr Patrick Jenkin had asked whether, as a way of reducing the NHS drugs bill, Mr Ennals had considered arranging for general practitioners to be visited regularly by well-informed doctors or pharmacists to complement the drug information GPs receive from other sources.

## Opposition glad Clause 49 not reintroduced

The Patents Bill was given a second reading in the Commons last week. Mr John Goff, Opposition spokesman on trade, said the Opposition was glad the Government was not seeking to reintroduce the compulsory licensing (Clause 49) of pharmaceutical patents struck out of the Bill in the Lords (*C&D*, March 12, p322). The pharmaceutical industry was pleased to be left on the same basis as other industries.

Mr Laurie Pavitt said his anger at the elimination of Clause 49 by the Lords was tempered by the agreement reached between the industry and Secretary for Social Services, Mr Ennals (*C&D*, April 10, p588). He was still not entirely satisfied because he had had experience of

voluntary agreements in industry, for example the Voluntary Price Regulation Scheme, and those seeking to negotiate a good deal for the taxpayer always seemed to come off second best under such schemes, he said.

He feared that by eliminating Clause 49 excessive prices might be charged. As good as the agreement was it was not good enough. Often the taxpayer had to pay out large sums as a result of research, not to find a new drug but a new variation of an old drug to enable another company to enter the competition and make a profit. He did not believe profit should be made out of the sick. The Government should have the strongest weapons for dealing with profiteering and Clause 49 should be at their disposal.

Mr Pavitt was also concerned that only 23 per cent of drugs used in the National Health Service were produced by companies based in Britain. The way in which the Bill operated internationally would affect the prices of drugs. VPRS partly provided that attention should be paid to the overseas price when fixing prices, he said, and therefore a strengthening of the patent arrangements between Britain and other countries could benefit users of drugs produced by multinationals. Clause 2 of the Bill extended these powers and he welcomed it.

Mr David Crouch said the Government had control over prices. It could encourage development and use of a drug by the many levers in its hands. Industry was saying that if the Government threatened with a clause that could make patents available to others "at the drop of a hat" the innovative side of industry would leave the country. He agreed that the life of existing patents should be extended to up to 20 years, covered by Clause 1 because in the pharmaceutical industry many years passed before a product appeared on the market and started to earn.

## Contraceptives policy

Before Parliament adjourned for the Whit-sun recess, Lord Wells-Pestell, a Government spokesman on social services, told the Lords that a policy statement arising from the report of the joint working group on oral contraceptives is unlikely to be made before the end of the year.

He recalled that the group had reported to four bodies, three of which had completed their discussions and he understood that the fourth—the Medicines Commission—expected to reach a view shortly. The conclusions would be considered by the Secretary for Social Services and the Secretary for Wales and there would be consultations with the British Medical Association and other bodies concerned.

When Baroness Robson of Kidding-ton protested about the Government's delay in reaching conclusions Lord Wells-Pestell stressed the extent of the consultations involved in the matter.

## Business education study

The Government has commissioned research into the management and business education needs of the manufacturing sector of the small business community. The research, to be undertaken by the Manchester Business School, will con-

centrate on the extent to which these needs are being met by existing facilities.

Mr Bob Cryer, Parliamentary Under Secretary, Department of Industry, said, in a Commons written answer last week: "The research is expected to take about a year to complete and the possibility of conducting similar studies into the management and business education needs of other sectors of the small business community will be considered in the light of the conclusions reached on manufacturing".

## Free prescriptions cost

The cost of free prescriptions in England in 1976 is estimated as £286 million of which 52 per cent was in respect of retirement pensioners, Mr Eric Deakins, Under-secretary, Department of Health, stated in a Commons written answer last week. In the year to March 31, 1977, the provisional cost of vitamins provided free against tokens in England was £22,000.

## Sugar concentration link with caries wins award

The winners of the Wisdom dental health awards, sponsored by Addis Ltd, were announced recently. The six awards, open to the dental profession, were in two categories—three research projects and three community practice projects—designed to improve the present system of dental health.

The winners of the research category, Dr Jane Beeley and Mr W. Darlington, Department of Dental Biochemistry, Glasgow University, suggested ways to overcome the damage to teeth caused by sucrose in people who cannot give it up. Sucrose, in the presence of oral bacteria converts to glucan, a constituent of plaque. Glucan synthesis proceeds most rapidly at low sucrose concentrations and it is this fact that the authors utilise for their preventive measures. Confectionery should be eaten all at once rather than over a long period; boiled sweets should not be sucked; a cup of tea with three teaspoonfuls of sugar may cause less damage than with one teaspoonful; caution should be exercised in adding sucrose to any food or drink, eg canned foods during manufacture, they suggest.

The second award in the research category was won by Dr A. Rugg-Gunn and Mr J. MacGregor, dental school, University of Newcastle upon Tyne, for an investigation into the way people brush their teeth. They concluded that a flexible approach to toothbrushing instruction was required, by which people could become efficient, rather than a rigid method which was difficult to achieve and resulted in poor dental hygiene.

Fluoridation of water supplies is both completely safe and the most effective and economical measure for preventing dental decay, according to Mr David Ennals, Secretary for Social Services.

Speaking at a London dental health conference, recently, he said convincing evidence of fluoride efficacy could be seen in areas where water fluoridation existed. He urged parents to make teeth cleaning as important as washing behind the ears for children.

# Company News

## Boots take majority holding in German manufacturer

Boots Co Ltd have reached agreement with Technochemie, GmbH of Dossenheim, to acquire 70 per cent of its equity subject to agreements of the relevant regulatory authorities. The sum involved is approximately £3.3m. Technochemie is a small but versatile manufacturer of speciality chemicals, with net sales for year ended December 31, 1976, of DM 10m.

Boots' objective is to establish an overseas chemical manufacturing base in the EEC to complement the pharmaceutical manufacturing facilities it already possesses in the community. Majority control of Technochemie will not only provide this but will add to Boots' overall expertise in this field. They emphasize that the sum involved is modest in relation to Boots' planned capital investment in chemical manufacture in the UK.

## Wellcome open £5m plant for tablet manufacture

A new £5m tablet manufacturing building representing the third stage of a £15m investment programme, was opened by Mr Roland Moyle, Minister for Health, at the Wellcome Production Centre, Dartford, Kent, last week. The building occupies four storeys on a base 165 by 215 feet and has been purpose-designed for bulk handling of materials and minute precision in tablet manufacture. 2,000 million tablets a year are expected to be produced there.

Emphasis is on bulking up to minimise handling and avoid cross-contamination. Built-in vacuum and hosing services for washing down are included and temperature and humidity are controlled for varying stages and types of manufacture. Compressing operations are controlled mainly from outside cubicles to minimise exposure of operators to noise.

Quality control has been designed into the building with air tubes that take samples to an independently administered laboratory from different stages of the manufacturing process.

Drugs for tablets are stored at level 0 of the building, quarantined to await sampling and approval before being weighed and transported to level 2 where the granulation process commences. Drying is by fluid bed and the granules are transferred by vacuum into hoppers from which they descend through the floor to level 1 for sieving.

## ICI sales 27 pc up

Sales of £1,190m, a 27 per cent increase, and pre-tax profits of £141m have been announced by Imperial Chemical Industries Ltd for the first quarter of 1977. During the same period last year sales were £936m and pre-tax profit £128m.

Sales in the UK increased to £480m (£379m in 1976) and overseas to £710m (£557m). Profits after tax were down to £70m compared to £78m during the same period last year and £245m for 1976.

## Rockware shares

The directors of Rockware Group Ltd say that 4,230,022 ordinary shares of 25p each have been accepted, representing approximately 95.5 per cent of the new shares offered by way of rights to ordinary shareholders. The shares not taken up have been sold and the net premium, after expenses, over the issue price of 82p will be distributed to entitled ordinary shareholders unless the amount is below one pound.

### Briefly

**Rapidol Ltd** have moved to 22 St Margaret's Road, London W7 2PP.

**A. H. Shah, MPS**, has changed address to 818 Stratford Road, Sparkhill, Birmingham B11 4BS (formerly 747 Stratford Road). The telephone number is unchanged.

**J. Pickles & Sons**, Pickles House, Church Lane, Knaresborough, North Yorkshire HG5 9AS, have changed their telephone numbers to 0423 864429 and 866171.

**Dista Products Ltd** marketing division has moved to Kingsclere Road, Basingstoke, Hants RG21 2XA (telephone: 0256 52011; telex: 858247). Order services department will remain at the Speke, Liverpool,

address to which orders and related communications should be sent.

**Marigold Italiana Spa** LRC International's principal European subsidiary, has concluded an agreement with Nicholas Proprietary Ltd (Swiss branch) to distribute exclusively the Aspro Nicholas range of products in Italy.

**Naarden and Shell** announce that the initial annual sales target of their proposed joint venture company for the manufacture of products based on petrochemicals and terpene chemicals (*C&D*, May 7, p663) will be Fl 50m.

**Haarmann & Reimer GmbH** now have an independent subsidiary to represent interests in Australia. It is Haarmann & Reimer (Aust) Pty Ltd, 8 Bay Road, Taren Point, NSW 229, PO Box 166, Miranda, NSW 2228 (525 1127 and 525 5939; telex Bayer aa 20444).

## Appointments

**Schwarzkopf Ltd**: Mr Bob Thurston has been appointed national accounts sales manager.

**Fisons Ltd**: Mr H. J. Blackboro, chairman and managing director of Fisons Pty Ltd, Australia, has been appointed an associate director of the group's main board.

**Syntex Corporation**: Dr Alan Pitchford has been appointed regional medical director, based at the regional headquarters in Maidenhead, Berks.

**May & Baker Ltd**: Mr P. M. Penrice has been appointed general manager of the fine chemicals and plastics division. He was formerly chemical production controller.

**Lilly Industries Ltd**: Mr G. V. Hopwood has been appointed to the new position of director of manufacturing operations UK. He was previously general manager of Dista Products Ltd, and is succeeded by Mr T. L. Rose, who is currently general manager of the company's Puerto Rico affiliate.

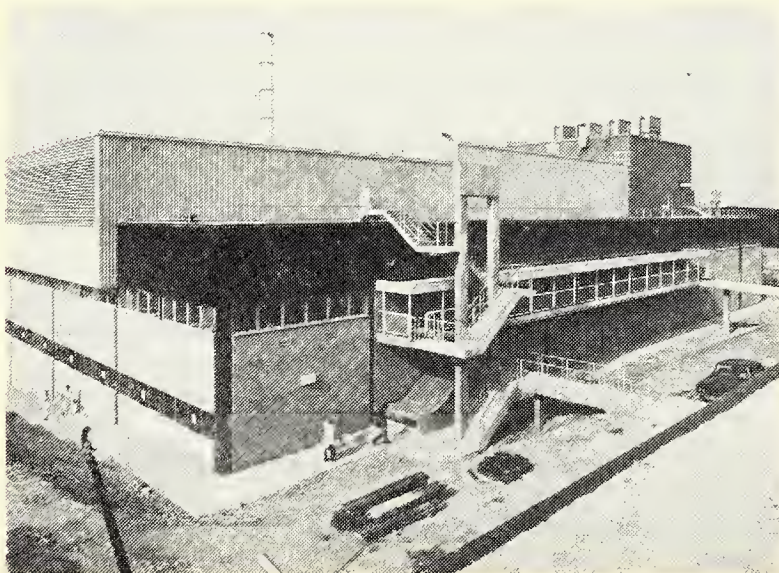
**Knox Laboratories Ltd**: Dr David Ross Robson has been appointed marketing manager. He will be responsible for Oral-B dental products, Aveeno dermatological preparations and the SMP range of ophthalmic products. He was previously marketing development manager with Parke-Davis.

## World retailing conference

The Sixth World Conference of Retailers is to be held April 16-20, 1978, at Grosvenor House, Park Lane, London W1. Organised by the National Retail Merchants Association and the Retail Consortium the conference theme is "Formula for retail growth and profitability".

Among the topics for discussion are management by objective update; consumerism—a growing challenge; new trends towards industrial democracy; centralised v decentralised warehousing and distribution; the international market place—opportunities; and the shape of things to come—the year 2001.

Further details will be available later in the year but a programme of events is available from the Retail Consortium, 19 Buckingham Gate, London SW1E 6LB.



The new tablet manufacturing building at Wellcome Production Centre, Dartford, Kent, embodies £5m of technology and should produce 22,000 tablets every minute

# Market News

## Cascara prices rising

London, June 1: Botanicals produced the most activity of the week with cascara prices rising by £30 per ton to collectors. European valerian root is now available at high prices.

Generally trading was dull due to the European bank holiday and the forthcoming British Jubilee celebrations. The next week or so is also expected to see little activity. Among spices pepper remains firm. Egyptian cumin seeds dropped a little with Iranian cumin now nominal. Egyptian fennel and fenugreek increased. In oils, Brazilian peppermint dropped a little, elsewhere prices remained stable.

## Pharmaceutical chemicals

**Acetarsol:** £12.12 kg in 50-kg lots.  
**Acetomenaphthone:** 100-kg lots £0.64½ kg.  
**Aloin:** 50-kg lots £17.00 kg.  
**Amylobarbitone:** Less than 100-kg lots £9.08 kg; sodium £10.56.  
**Ascorbic acid:** (Per kg) £6.87 5-kg; £5.87; 25-kg £5.37 sodium ascorbate, as for the acid; coated, £7.07, £6.07, £5.57 respectively.  
**Biotin:** £6.78 g; 25-g lots £5.48 g.  
**Bismuth salts:** £ per kg

|            | 50-kg | 250-kg |
|------------|-------|--------|
| carbonate  | 10.46 | 10.41  |
| salicylate | 8.70  | —      |
| subgallate | 9.24  | —      |
| subnitrate | 9.47  | 9.40   |

**Brucine Sulphate:** £45.00 kg.  
**Butabarbital:** 50-kg lots £11.84 kg; sodium £13.01.  
**Butobarbitone:** Less than 100 kg, £11.24 per kg.  
**Calciferol:** (Per kg) £44.90; 5-kg £43.90.  
**Carbon tetrachloride:** BP 5-ton lots in largest drums, £235 per metric ton.  
**Carotene:** Suspension 10 per cent £30.51 kg; 5-kg £29.51 kg. Crystalline £168.68 and 167.68 respectively.  
**Chloroform:** BP from £408 to £430 metric ton as to drum size. In 2-litre bottle £2.36 each; 500-ml bottle £0.96 each.  
**Choline:** (500-kg lots) bitartrate £2.25 kg; dihydrogen citrate £2.08.  
**Citric acid:** BP granular hydrous per metric ton single deliveries, hydrous £704; anhydrous £757, five-ton contracts £702 and £754 respectively.  
**Cyanocobalamin:** £3.48 g; £2.48 g in 100-g lots.  
**Cyclobarbitone:** Calcium £11.29 in 25-kg lots.  
**Dexpanthenol:** (Per kg) £11.46; 5-kg £10.46.  
**Dextromethorphan:** £159.92 kg in 5-kg lots.  
**Eucalyptus:** Chinese £2.22 kg spot; £2.20, cif.  
**Ferrous gluconate:** £1.860 per metric ton.  
**Folic acid:** (kg) £41.74, 5-kg £40.74; 25-kg £40.24.  
**Glucose:** (Per metric ton in 10-ton lots)—monohydrate £195; anhydrous £445; liquid 43° Baumé £200 (5-drum lots); naked 14-tons £160 ton.  
**Glycerin:** In £250-kg returnable drums £621 metric ton in 2-ton lots; £617 ton in 5-ton lots.  
**Hydroquinone:** One-ton lots £2.43 per kg; 500-kg £2.52 kg.  
**Hypophosphites:** £ per kg.

|           | 12½-kg | 50-kg |
|-----------|--------|-------|
| Calcium   | 3.07   | 2.94  |
| Iron      | 5.72   | 5.58  |
| Magnesium | 4.87   | 4.48  |
| Manganese | 6.12   | 5.72  |
| Potassium | 4.20   | 4.06  |
| Sodium    | 3.48   | 3.14  |

**Iodoform:** US NF £8.00 kg for 50-kg.  
**Liquorice root:** Chinese £400 metric ton, cif. Russian £350 spot; £340, cif. Block juice £1.60 per kg spot; £1.50, cif.  
**Magnesium carbonate:** BP per metric ton—heavy £590; light £410.  
**Magnesium dihydrogen phosphate:** Pure £1.7989 kg in 50-kg lots.  
**Magnesium hydroxide:** (metric ton) BPC light £1.140; 28 per cent paste £410.  
**Magnesium sulphate:** BP £115 metric ton delivered UK; commercial £98.00; exsiccated BP, £228.  
**Mercurials:** Per kg in 50-kg lots; ammoniated £7.48; oxide—red £8.82 and yellow £8.54; perchloride £6.14; subchloride £7.82, iodide £8.10.

**Mercury:** BPC redistilled £7.10 kg in 12½ kg lots.  
**Mersalyl:** Acid £30.50 kg in 10-kg lots.  
**Methadone hydrochloride:** Subject to Misuse of Drugs Regulations, £1.33 per 5-g.  
**Nicotinic acid:** £3.70 kg (50-kg lots).  
**Opiates:** (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations—Codeine alkaloid £541 to £550 as to maker; hydrochloride £473-£488; phosphate £413-£420; sulphate £473.  
**Diamorphine alkaloid** £643; hydrochloride £586.  
**Ethylmorphine hydrochloride** £527 to £538.  
**Morphine alkaloid** £596-£608; hydrochloride and sulphate £488-£496.  
**Papaveretum:** £305 kg; 5-kg lots £300 kg. Subject to Misuse of Drugs Regulations.  
**Paraffins:** Liquid BPC heavy, 1-5 drum lots £0.393 per litre, 6-drum £0.389, in bulk £0.349; light £0.357, £0.353 and £0.313 respectively. Technical white oils per litre for similar lots—WA23 £0.33, £0.326 and £0.283; WA21 £0.344, £0.34 and £0.30 respectively. Petroleum jelly BP soft white £343.11 metric ton delivered UK; yellow BP £327.455.  
**Pethidine hydrochloride:** Less than 10-kg lots £34.69 kg. Subject to Misuse of Drugs Regulations.  
**Pentobarbitone:** Less than 100-kg £14.69 kg; sodium £15.88.  
**Phenobarbitone:** In 50-kg lots £10.8 kg; sodium £11.91.  
**Pholcodine:** 1-kg £452 to £457 as to maker; 60-kg lots £415. Subject to Misuse of Drugs Regulations.  
**Potassium acetate:** BPC £0.50 kg (50-kg lots).  
**Potassium acid tartrate:** BPC £730 metric ton, delivered.  
**Pyridoxine:** (Per kg) £25.64; 5-kg £24.64; 25-kg £24.14.  
**Quinalbarbitone:** Base and sodium in 25-kg lots £13.91 kg.  
**Riboflavin:** (Per kg) £28.87; 5-kg lots £27.87; 25-kg £27.37; diphosphate sodium £74.78.  
**Sodium pantothenate:** (Per kg) £14.42; £13.42 in 5-kg lots.  
**Sorbitol:** Powder £500 metric ton; syrup £250.  
**Stilboestrol:** BP in 25-kg lots, £109 kg.  
**Sulphacetamide sodium:** BP £7.25 kg for 50-kg.  
**Sulphaquinoxaline:** BVetC £10.28 kg; sodium salt £12.71 kg both in 50-kg lots.  
**Thiamine hydrochloride:** Per kg £15.47; 5-kg £14.47; 25-kg £13.97; mononitrate plus 30p per kg.  
**L-Thyroxine:** £1.70 per kg.  
**Tocopherol:** DL alpha £17.09 kg; 5-kg £16.09 kg.  
**Tocopheryl acetate:** DL alpha (per kg) £15.18, 5-kg £14.18; Dry 25 per cent £14.78 and £13.78 respectively.  
**Vitamin A:** (Per kg) acetate powder 500,000 iu/g, £14.36; £13.36 in 5-kg lots. Palmitate, oil 1 miu £14.63; 5-kg £13.63. Water miscible 100,000 iu per mm, 6-litre £4.80 litre.  
**Vitamin D2:** See calciferol.  
**Vitamin E:** See tocopheryl acetate.  
**Zinc chloride:** Granular 96/98 per cent £405 metric ton, delivered.

## Crude drugs

**Agar:** Spanish-Portuguese £5.60 kg spot.  
**Aloes:** Cape £1.49 kg spot; £1.46 cif. Curacao no spot; shipment £2.10 nominal; cif.  
**Balsams:** (kg) Canada £11.00 spot; £10.75, cif for shipment. **Copaiba:** BPC £1.90 on the spot; £1.80, cif. **Peru:** £6.20 spot; £6.10 cif. **Tolu:** £4.10 spot.  
**Be'ladonna:** (metric ton) Leaves £1,650 spot; £1,600, cif. Herbs no offers. Root £1,400.  
**Benzoin:** £100-£101 cwt spot; £100, cif.  
**Buchu:** Rounds £2.25 kg spot; £2.05, cif, new crop March-April.  
**Camphor:** Natural powder, Formosan, £4.50 kg, spot. Synthetic £0.90 spot; £0.78 cif.  
**Cascara:** £1,030 metric ton spot nominal; shipment £990.  
**Cherry bark:** Spot £750 metric ton; £710, cif.  
**Chillies:** Chinese Fukien £1,490 nominal.  
**Cinnamon:** (cif) Seychelles bark £520 metric ton, cif. Ceylon quills 4 O's £0.74 lb.  
**Cloves:** Zanzibar £4,300 metric ton, cif.  
**Cochineal:** Peruvian silver-grey £14.90 kg spot; £14.50, cif. Tenerife black £18.50-£21.00, cif.  
**Dandelion:** New crop for shipment £1.20 kg, cif.  
**Ergot:** Portuguese-Spanish £1.80 kg spot; £1.40, cif.  
**Gentian:** Root £1.35 kg spot; £1.32, cif.  
**Ginger:** (ton, cif) Cochin £1,270. Jamaican (spot) £2,000. Indonesian £1,120. Nigerian split £850 (spot); shipment £820, cif; peeled £1,075. Sierra Leone £1,125 nominal.  
**Henbane:** Niger £1,100 metric ton spot; £1,050.  
**Honey:** (per metric ton in 6-cwt drums, ex-warehouse) Australian light amber £695; medium £668; Canadian £690; Mexican £642.  
**Hydrastis:** (kg) £9.30 spot; £9.15, cif.  
**Ipecacuanha:** (kg) Costa Rica £7.20 spot no shipment.  
**Jalao:** Mexican whole tubers basis 15 per cent, £1.75 kg spot; £1.66, cif, tubers £2.00, £1.30 spot; £1.90, cif.  
**Kola nuts:** Spot £300 metric ton nominal.  
**Lanolin:** BP in 1-metric-ton lots £0.92 per kg.  
**Lemon peel:** Unextracted £1,240 metric ton spot; shipment £1,200, cif.  
**Lobelia:** American £1,360 metric ton spot; European £1,250 spot; £1,220 shipment.  
**Lycopodium:** Russian £5.20 kg, cif. Indian £4.50 spot.  
**Mace:** Grenada unsorted £2,070 ton, fob.  
**Menthol:** (kg) Brazilian £9.80 spot and cif. Chinese from £10.80 in bond; £10.55, cif.

**Nutmeg:** (per ton, fob) Grenada 80's £1,650, unassorted £1,490; defectives £1,250.  
**Nux Vomica:** No spot; forward £200 metric ton.  
**Pepper:** (ton) Sarawak black £1,585 spot; £1,480, cif. White £1,800 spot; £1,690, cif.  
**Pimento:** Jamaican £1,140 ton, cif.  
**Podophyllum:** Root £850 metric ton, cif, nominal.  
**Quillaia:** Spot £1.15 kg; £0.95, cif.  
**Rhubarb:** Chinese rounds 60 per cent pinky £4.00 kg, cif.  
**Saffron:** Mancha superior £430 kg nominal.  
**Sarsaparilla:** Mexican £1,800 metric ton spot; £1,750 forward.  
**Seeds:** (metric ton, cif) **Anise:** China star £710 nominal. **Caraway:** Dutch £1,180. **Celery:** Indian £550. **Coriander:** Moroccan £670, Indian £530. **Cumin:** Egyptian £590; Iranian £625 nominal.  
**Dill:** Indian £540. **Fennel:** Egyptian £240. **Fenugreek:** £165. **Maw:** £880.  
**Senega:** (kg) Canadian £14.70 spot; no cif.  
**Senna:** (kg) Alexandria pods, hp, £1.40-£1.70, manufacturing £0.78. Tinnevely leaves faq No 3, £0.28, faq pods £0.27, hp £0.39.  
**Squill:** Italian new crop £980 metric ton, cif. Indian £185 spot; £145, cif.  
**Slyrax:** £4.35 kg spot; £4.10, cif, nominal.  
**Tonquin beans:** Spot £1.55 kg; shipment £1.50, cif (Angostura type).  
**Turmeric:** Madras finger £475 ton, cif.  
**Valerian:** Indian root £1,350 metric ton spot; £1,250 forward; European £2,000; £1,950 forward.  
**Witchhazel leaves:** Spot £2.20 kg; £1.90, cif.

## Essential and expressed oils

**Almond:** Sweet in drum lots £1.20 kg duty paid.  
**Anise:** (kg) £17.50 spot; £17, cif.  
**Bois de rose:** Spot unavailable; shipment £7.45 kg, cif.  
**Buchu:** South African £165 per kg spot nominal. English-distilled £300 nominal.  
**Cade:** Spanish £1.20 kg.  
**Camphor white:** £0.95 kg spot and cif.  
**Caraway:** Imported £21.00 kg; English £40 nominal.  
**Cardamom:** English-distilled £280 kg.  
**Cassia:** Chinese £55.00 kg spot; £57.25, cif.  
**Cedarwood:** Chinese £1.25 kg spot; £1.35, cif.  
**Celery:** English £58.00 kg.  
**Citronella:** Ceylon £1.30 kg spot; £1.27, cif. Chinese £2.40 spot; £2.45, cif.  
**Clove:** Madagascar leaf, £2.70 kg spot; £2.60, cif. English distilled bud not offering.  
**Coriander:** Russian about £20.00 kg.  
**Fennel:** Spanish sweet £10.50 kg spot.  
**Geranium:** Bourbon £36.15 kg, cif.  
**Ginger:** Unavailable.  
**Lavender spike:** £12.50 kg, cif.  
**Lemon:** Sicilian best grades about £14.00 kg.  
**Lemongrass:** Cochin £4.30 kg spot; £3.90, cif.  
**Lime:** West Indian £10.50 kg spot.  
**Mandarin:** £17.00 kg spot.  
**Nutmeg:** (per kg) English-distilled from West Indian £22.00; from East Indian £20.00. Imported £8.15.  
**Olive:** Spot ex-wharf. Spanish (subject to EEC levy) £1,320 per metric ton in 200-kg drums ex-wharf; French/Italian origin £1,330 duty paid. Tunisian not offering.  
**Origanum:** Spanish £14.50 kg spot for 70%.  
**Orange:** Florida £0.95 kg; West Indian £1.00.  
**Palmarosa:** No spot offers; £7.40 kg, cif.  
**Patchouli:** £11.40 kg spot; £11.00, cif.  
**Pennyroyal:** No offers.  
**Pepper:** English-distilled ex-black £145 kg.  
**Peppermint:** (kg) Arvensis—Brazilian £6.00 spot and cif. Chinese £6.15 spot; £6.20, cif. Piperata, American Far-West not offering.  
**Petitgrain:** £6.25 kg, spot and cif.  
**Rosemary:** £5.75 kg spot.  
**Sandalwood:** Unavailable.  
**Sassafras:** Chinese £2.90 kg spot and cif; Brazilian £2.20 spot.  
**Soealmint:** (kg) American Far West not offering. Chinese spot £12.50 kg; shipment £12.75, cif.  
**Thyme:** Red £12.10 kg for 45-50%.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

## Coming events

### Thursday, June 9

**ASTMS general practice pharmacy section,** Ivanhoe Hotel, Bloomsbury Street, London WC1, at 8 pm. Open meeting to discuss proposed "cut" in remuneration of chemist contractors and to formulate resolutions.

### Advance information

**Worthing and West Sussex Branch, Pharmaceutical Society:** Visit to Weald and Downland open air museum, Singleton, near Chichester, July 3, at 3 pm (£0.75 per adult, £0.50 per child). Applications by June 18 to Mr H. Walton, 16 Kingsway, Bognor Regis

# Classified Advertisements

**Post to Classified Advertisements, Chemist & Druggist, 25 New Street Square, London EC4A 3JA.**  
Telephone 01353 3212.

**Publication date** Every Saturday.

**Headings** All advertisements appear under appropriate headings.

**Screen** 100.

**Display/Semi Display** £5.00 per single column centimetre, min 25mm. Column width 42mm.

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**Circulation** ABC January/December 1976: 14,510

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### EXPORT OFFICE MANAGER

required by small Pharmaceutical Co. in N.W. London (due to retirement). Must be conversant with all aspects of the trade including bank documentation.

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Chartered Accountants  
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If you would like to provide the answer too, contact Sangers Services Ltd., 102 Morden Road, Mitcham, Surrey. Tel: 01 640 7142.



**IMPORTANT NOTE:** Whether or not you are a current stockist Sangers will redeem all Chemist Gift Tokens.

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For prices and delivery contact:

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Grossmith White Fire Cologne Mist (50g)  
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Lemaire's Splash Cologne (210cc)  
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Lemaire's Lavender Water (210cc)  
**13 as 12**  
Nestle Colour Tone (6 shades)  
**13 as 12**  
Grossmith True Soap  
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